

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore

Village or City Reisterstown

Registration Dist. No. 33

10080

33

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Ruth A. Akehurst

(a) Residence: No. 112 Hanover Rd.

No.

St.

Ward

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25, 1868

7. AGE	Years	Months	Days	If LESS than
	68	6	25	1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Housework

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co.  
(State or country)

13. NAME Wm. Akehurst

14. BIRTHPLACE (city or town) England  
(State or country)

15. MARRIED NAME Ann Hock

16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Mrs. Charles Gill  
(Address) Reisterstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Carmel Date Oct. 26, 193619. UNDERTAKER J. F. Aline & Sons  
(Address) Reisterstown, Md.

20. FILED Oct 24, 1936. F. R. P.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct  
(Month)23  
(Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct 23, 1936 to Oct 23, 1936

I last saw her alive on Oct 23, 1936; death is said to have occurred on the date stated above, at 11:00 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Serebral hemorrhage

Date of onset

10/23/36

Other Contributory Causes of importance:

Hypertension

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anna A. Akehurst  
(Address) Reisterstown, Md.

M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU NO. 6

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 3 1926	1915
Cerebral hemorrhage	BUREAU V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

For authorization to change date of birth see letter filed under "Angell".

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

After calling Dr. John S. Greer, Jr. of Towson to the scene of accident, I found that the deceased had been dead at least 15 hours and that his left leg, right arm and had been broken, and his skull fractured. Marks of an automobile showed that he had been hit by an automobile and then went crashing down a hill from road. Coroner

## MARGIN RESERVED FOR BINDING

1. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

2. WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1. PLACE OF DEATH  
County Balto.

Village or City Stemmers Run

2. FULL NAME (Anna) Maria Blos

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Female</u>	<u>White</u>	<u>Married</u>

6. DATE OF BIRTH  
Jan. 10, 1860  
(Month) (Day) (Year)

7. AGE  
76 yrs. 9 mos. 19 ds. 11 min. If LESS than  
1 day hrs.  
or min.?

8. OCCUPATION  
(a) Trade, profession or  
particular kind of work  
None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9. BIRTHPLACE  
(State or country) Germany

10. NAME OF  
FATHER John

11. BIRTHPLACE  
OF FATHER  
(State or country) Germany

12. MAIDEN NAME  
OF MOTHER unknown

13. BIRTHPLACE  
OF MOTHER  
(State or Country) Germany

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Blos  
(Address) Mac Ave - Stemmers Run

15. Filed Oct. 31, 1936 John S. Carmelly  
Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 446

10082

942

St. Mac Ave Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH  
Oct 30, 1936  
Oct 30 (Month) 1936 (Day) (Year)

17. I HEREBY CERTIFY, That I attended the deceased from  
October 29, 1936, to Oct 30, 1936,

that I last saw her alive on at 29, 1936,  
and that death occurred on the date stated above, at 11:10 A.M.

The CAUSE OF DEATH \* was as follows:

Ch. Myocardial Insufficiency - (6 mo)  
Angina Pectoris - sudden  
atrial - S clausis + 1/4 perfusion -  
(Duration) 5 yrs. mos. ds.

Contributory  
Secondary  
Employment + Prostitution  
(Duration) 5 yrs. mos. ds.

(Signed) Louis F. Grunen M. D.  
Oct 30, 1936 (Address) 727 No. Lenwood Ave

\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yrs. 0 mos. 0 ds. In the State 1 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL  
Mt. Carmel DATE OF BURIAL  
NOV 2, 1936

20. UNDERTAKER  
Philip Herring Son ADDRESS 2016 Orleans St.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dock laborer*, *Farm laborer*, *Laborer*—*Cook* *mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

NOV 7 1936

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by roadway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *cellosus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

21. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10083

35

## 1. PLACE OF DEATH

County Baltimore

(13)

Registration Dist. No.

Village or City Parkton, Ind.

St.

Ward

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

2. FULL NAME Philip G. Bonneran

(a) Residence: No.

Parkton, Ind.

St.

Ward.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Mrs. Hannie C. Bonneran

6. DATE OF BIRTH (month, day, and year)

July 30, 1865

7. AGE

Years

Months

Days

II LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

71

2

4

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)193511. Total time (years)  
spent in this  
occupation 35 yrsCarpenter12. BIRTHPLACE (city or town)  
(State or country)Baltimore Co. Ind.

13. NAME

Augustus Bonneran14. BIRTHPLACE (city or town)  
(State or country)Baltimore15. MAIDEN NAME Mary Smith16. BIRTHPLACE (city or town)  
(State or country)Baltimore17. INFORMANT Mrs. Hannie C. Bonneran(Address) Parkton, Ind.

18. BURIAL, CREMATION, OR REMOVAL

Place ClymaidaDate Oct 6, 193619. UNDERTAKER Philip Marklow(Address) White Hall, Ind.20. FILED Oct 4, 1936 M. Bonneran Jr. A. H.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 4

(Month) (Year)

(Day)

22. I HEREBY CERTIFY That I attended deceased from

Sep 20, 1936, to Oct 4, 1936I last saw him alive on Oct 4, 1936, death is saidto have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Chronic gastritis Sept 1936

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Philip Bonneran M. D.(Address) White Hall, Ind.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10084

## 1. PLACE OF DEATH

County. Baltimore

Village or City. Pikesville, Md.

Length of residence in city or town where death occurred. yrs. mos.

No.

Registration Dist. No. 32

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) 3 weeks (How long in U.S. If of foreign birth? yrs. mos. ds.)

## 2. FULL NAME. Mary Anne Bosley

(a) Residence: No. Glyndon, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

Samuel F. Bosley

6. DATE OF BIRTH (month, day, and year) Dec. 2, 1873

7. AGE	Years	Months	Days	if LESS than 1 day, ____ hrs. or ____ min.
	63	10	4	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Maryland

13. NAME Henry Bosley

14. BIRTHPLACE (city or town)  
(State or country) Maryland

15. MAIDEN NAME Charlotte Tynney

16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Mrs. C. J. Adams  
(Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Grove Date Oct. 8, 1936

19. UNDERTAKER Edward Tipton  
(Address) Hampstead, Md.

20. FILED 10/7/1936 E. E. Nichols

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 6

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1936, to October 6, 1936.

I last saw her alive on October 6, 1936; death is said

to have occurred on the date stated above, at 8:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Stomach &amp; Intestines

Date of onset

?

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. E. Nichols  
(Address) Pikesville, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 3 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10085

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County. Baltimore

Village or City. Catonsville, Md.

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

9 mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary Fullerton Boswell

(a) Residence: No. LaPlata, Md.

If U. S. Veteran, specify WAR

(Usual place of abode) St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 20, 1852

7. AGE	Years	Months	Days	If LESS than
	84	2	1	1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town)  
(State or country) Port Tobacco, Md.

13. NAME William Boswell

14. BIRTHPLACE (city or town)  
(State or country) Maryland

15. MAIDEN NAME Mary Branner

16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Heber Boswell  
(Address) LaPlata, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place LaPlata, Md. Date Oct. 23, 1936

19. UNDERTAKER Lee Roy & Hedges  
(Address) 6209 Maryland Rd.

20. FILED 10/21/36

Registration Dist. No. 30

Ward

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 21

(Month)

, 1936

(Year)

22. I HEREBY CERTIFY. That I attended deceased from December 30, 1935, to Oct. 21, 1936.

I last saw her alive on Oct. 21, 1936; death is said to have occurred on the date stated above, at 2:30 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Hypertension

Bronchial pneumonia

Date of onset

Unknown

Unknown

Oct. 1936

## Other Contributory Causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dean A. Clark M. D.

(Address) Spring Grove St. Hosp. Catonsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 7 1936	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Other contributory causes of importance:
	Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Baltimore

92-A

Registration Dist. No.

Village or City

Catonsville

30086

St.

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No.

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

John F. Bowen

2838 Parkwood Ave.

(Usual place of abode)

Ward.

BC

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mary A. Bowen

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

84

Months

3

Days

20

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

Baker

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

1932

11. Total time (years)  
spent in this  
occupation

1932

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place19. UNDERTAKER  
(Address)

20. FILED

Charles F. Bowen

Cedar Hill Oct 27/36

Wileyay Corp

217 St Paul St

10/25/36

A. M. L. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 24 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 1, 1935, to Oct. 24, 1936.

I last saw him alive on Oct. 22, 1936; death is said  
to have occurred on the date stated above, et 10 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Arterio-Sclerotic 39,  
Aortic Stenosis

Date of onset

Other Contributory Causes of importance:

Cerebral Hemorrhage  
(2 yrs ago)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Martin L. Shultz M. D.

(Address) 806 27 Carlton Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset 1915
Chronic interstitial nephritis	<del>LIVED</del>	1921
Cerebral hemorrhage		July 5, 1927
	NOV 7 1936	
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10087

38

## 1. PLACE OF DEATH

County BaltimoreVillage or City TowsonRegistration Dist. No. 9-2

St., Ward

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Bettie Brooks(a) Residence: No. Towson

(Usual place of abode)

If U. S. Veteran, specify WAR \_\_\_\_\_

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofFrank F. Brooks

6. DATE OF BIRTH (month, day, and year)

Jan. 31, 1862

7. AGE <u>74</u>	Years	Months <u>8</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Sept. 511. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Towson  
Baltimore, Md.13. NAME John Bond14. BIRTHPLACE (city or town)  
(State or country)Not Known  
Baltimore, Md.15. MARRIED NAME Rebecca Childs16. BIRTHPLACE (city or town)  
(State or country)Baltimore, Md.17. INFORMANT Dan. F. Brooks  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Black Rock Date Oct. 6, 193619. UNDERTAKER Wm. C. Brooks & Son  
(Address)20. FILED Oct. 5, 1936 At Franklin Post Office  
By State Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct.

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 24th, 1936, to Oct. 4th, 1936I last saw her alive on Sept. 3rd, 1936; death is said  
to have occurred on the date stated above, at 1:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Myocardic Insufficiency Sept. 24th

Other Contributory Causes of Importance:

Arthritis & Arthrosis  
SenilityName of operation None Date of Physician for surgeryWhat test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury NoneWhere did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel F. Brooks, M.D.  
(Address) 2210 Madison, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 3 1938	1921

Other contributory causes of importance:	RECEIVED	
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10088

## 1. PLACE OF DEATH

County Baltimore

(107-a)

Registration Dist. No.

44

Ward

Village or City Sparrows PointNo. 508 B

St.

Length of residence in city or town where death occurred 4 yrs. 3 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Letitia Wilson Brown

(a) Residence: No.

508 B St.

St.

Ward.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE ofElisha Ward Brown

6. DATE OF BIRTH (month, day, and year)

Nov. 28 - 1864

7. AGE

Years  
72Months  
11Days  
29If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Port Deposit  
Maryland

## MOTHER FATHER

13. NAME

William Wilson

14. BIRTHPLACE (city or town)

(State or country)

Port Deposit, Md.  
Maryland

15. MAIDEN NAME

India Lawrence

16. BIRTHPLACE (city or town)

(State or country)

Port Deposit  
Maryland

17. INFORMANT

(Address)

John H. Duck  
508 B St., Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place New NottinghamDate Oct. 18 - 1936

19. UNDERTAKER

(Address)

J. E. Tyner  
Baltimore, Md.

20. FILED

Date Oct. 16th, 1936By Frank C. Eldred

M. D.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 15

(Month)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from October 9<sup>th</sup>, 1936, to October 15<sup>th</sup>, 1936.I last saw her alive on Oct. 15<sup>th</sup>, 1936; death is saidto have occurred on the date stated above, at 9:50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia (Bronch)Date of onset  
Oct. 9, 1936

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Frank C. Eldred  
(Address) Sparrows Point

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10089

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleLength of residence in city or town where death occurred 1 yrs.

23

Registration Dist. No. 3d

St.

Ward

No. Spring Grove State Hos. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 0 yrs. mos. 0 ds.

## 2. FULL NAME

Buckler Edward(a) Residence: No. 1446 Riverside Ave

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward

Baltimore

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofunknown

6. DATE OF BIRTH (month, day, and year)

unknown - 1881

7. AGE

55

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Quartermaster  
Steamship

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME

Jacob Buckler

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Sarah Wilson

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Mrs. Buyers (his sister)

623 Lawrence St. Baltimore

Date 10-8-1936

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

1215 4th Street

Baltimore

20. FILED

Date

10-6-1936

Spring Grove State Hos.

Registrator

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct61936

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1936, to Oct 6, 1936I last saw him alive on Oct 5, 1936to have occurred on the date stated above, at 12 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Organic  
Pulmonary Tuberculosis

Date of onset

Other Contributory Causes of Importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Oscar Q. Clark

M. D.

(Address) Spring Grove St. Hos.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 7 1930	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10090

## 1. PLACE OF DEATH

County... Baltimore

Village or City Raspburg

13-2

Registration Dist. No. 44

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 71 yrs. 5 mos. 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME HUGH R. CAMPBELL

(a) Residence: Raspburg, Md.

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Anna M. Campbell

6. DATE OF BIRTH (month, day, and year) May 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, or min.
71	5	19		

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Carpenter9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 193111. Total time (years)  
spent in this  
occupation 5012. BIRTHPLACE (city or town) Baltimore Md.  
(State or country)

13. NAME Robert Campbell

14. BIRTHPLACE (city or town) Scotland  
(State or country)

15. MARRIED NAME Nancy Dunlap

16. BIRTHPLACE (city or town) Scotland  
(State or country)17. INFORMANT Em. K. Campbell  
(Address) 9 N. Curley St.18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Carmel Cemetery Date Oct. 25, 193619. UNDERTAKER John Ufford  
(Address) 2005 E. 36th St.20. FILED 10/27/36 H. B. Campbell  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 20, 1936

(Month)

(Day)

193  
(Year)

22.

HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

Oct. 20, 1936; death is said

to have occurred on the date stated above, et. 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Chronic Thycarditis

1935

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis ch. findings Was there an autopsy? Xo

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 7 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	DECEMBER V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
Gastroenteritis	1 year

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10091

## 1. PLACE OF DEATH

County *Baltimore*Village or City *Parkview*

940

Registration Dist. No.

32

Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Ira Edward Carey*(a) Residence: No. *Stevensons M*  
(Usual place of abode)

If U. S. Veteran, specify WAR

*Balt. Co.*

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
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5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF *Mary Carey*6. DATE OF BIRTH (month, day, and year) *Jul 22 1887*7. AGE *49* Years *2* Months *21* Days If LESS than  
1 day, *0* hrs.  
or *0* min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as STICK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) *10/13/36*11. Total time (years)  
spent in this  
occupation *Life*12. BIRTHPLACE (city or town)  
(State or country) *Baltimore Co*13. NAME *John M Carey*14. BIRTHPLACE (city or town)  
(State or country) *Frederick Co*15. MAIDEN NAME *Mary Stevens*16. BIRTHPLACE (city or town)  
(State or country) *Frederick Co*17. INFORMANT *Charles Carey*  
(Address) *Stevensons M*18. BURIAL, CREMATION, OR REMOVAL  
Place *Stone Chapel* Date *Oct 15 1936*19. UNDERTAKER *Frank W. Neale*  
(Address) *Parkview M*20. FILED *10/13/1936* *Dr E E Neale*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *October 13th 1936*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19...

19...

I last saw him alive on

19...

to have occurred on the date stated above, at *8:15 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Coronary Thrombosis*

Date of onset

Sudden

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_

(Signed) *J. Edward Myers* M. D.  
(Address) *Retired from Acting Co. Corp.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	NOV 3 1930	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10092

## 1. PLACE OF DEATH

County BaltimoreVillage or City BaldwinLength of residence in city or town where death occurred 11 yrs.

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. yrs. How long in U.S. if of foreign birth? mos. yrs. mos. ds.2. FULL NAME Lilly Clayton

(a) Residence: No.

St. Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

Widowed  
(or) WIFE OFArthur Clayton

6. DATE OF BIRTH (month, day, and year)

Aug 15 - 1872

7. AGE

Years  
64Months  
2Days  
2If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Housework11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Md.

MOTHER FATHER

13. NAME

George Dilworth14. BIRTHPLACE (city or town)  
(State or country)Ireland

15. MAIDEN NAME

Sarah Clayton16. BIRTHPLACE (city or town)  
(State or country)Md.

17. INFORMANT

Arthur Clayton

(Address)

Hyde Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfax CountyDate Oct 20, 1936

19. UNDERTAKER

Clarendon E. Arthur

(Address)

Fairfax Md.

20. FILED

1936-1936-1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Registration Dist. No. 40No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. yrs. How long in U.S. if of foreign birth? mos. yrs. mos. ds.

## 21. DATE OF DEATH

Oct. 18

(Month)

(Day)

, 1936 (Year)22. I HEREBY CERTIFY That I attended deceased from Oct 15 - 1936 to Oct 18, 1936.I last saw him alive on Oct 17, 1936; death is said to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary infarction

Date of onset

Other Contributory Causes of Importance:

Chronic bronchitis

1935

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Dutton McNamee M. D.  
(Signed) Dutton McNamee  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED  
NOV 5 1927  
FEDERAL BUREAU OF INVESTIGATION

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10093

## 1. PLACE OF DEATH

County Baltimore  
Village or City Catonsville

82a

Registration Dist. No. 30Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Conrades, William(a) Residence No. 1514 W. Port  
(Usual place of abode)

If U. S. Veteran, specify WAR

St.

Ward.

B.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofEffie Conrades6. DATE OF BIRTH (month, day, end year) June 3, 18657. AGE 71 Years 4 Months 0 Dey 0 If LESS than  
1 day, 0 hrs.  
or 0 min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Barber10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation 5012. BIRTHPLACE (city or town)  
(State or country)Maryland13. NAME Wm Conrades  
14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Dorey ?16. BIRTHPLACE (city or town)  
(State or country)Germany17. INFORMANT Effie Conrades (wife)  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk. Date Oct 6, 193619. UNDERTAKER John C. Miller  
(Address) 2332-35 E. Ferrier St.20. FILED 3, 1936 8 AM21. DATE OF DEATH Oct3  
(Month)1936  
(Year)

## MEDICAL CERTIFICATE OF DEATH

## 22. I HEREBY CERTIFY, That I attended deceased from

June 30, 1936, to Oct 3, 1936I last saw him alive on Oct 3, 1936; death is said  
to have occurred on the date stated above, at 7:15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Arteriosclerosis  
Cerebral haemorrhage  
Tubular pneumonia

Date of onset

9-25-26

9-26-26

## Other Contributory Causes of importance:

Sensitvity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Dean A. Clark M. D.(Address) Spring Grove St. Hosp.Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10094

## 1. PLACE OF DEATH

County Balts. CoVillage or City Stevens RunLength of residence in city or town where death occurred Life yrs.

93-C

Registration Dist. No. 44St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs.mos. 0 ds. 0 How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Lillian B. Cross(a) Residence: No. Back River Neck Rd. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days      If LESS than  
49      11      8      1 day,      hrs.  
or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

MOTHER

FATHER

13. NAME Oliver Russell14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Quina16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Robert Cross, Husband  
(Address) Back River Neck

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stevens Cemetery Date Oct. 13, 193619. UNDERTAKER Mrs. Bobbie Elliott, daughter  
(Address) 429 N. Evergreen St.20. FILED Oct. 12, 1936 J. G. Stomely Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct

(Month)

9

(Day)

1936

22. I HEREBY CERTIFY That I attended deceased from

July 1936 to Oct. 9, 1936; death is said

to have occurred on the date stated above, at 10:00 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Hypertension

Date of onset

1935

Other Contributory Causes of importance:

Name of operation none Date of 1936What test confirmed diagnosis? die. fulgur. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1936

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M.D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10095

## 1. PLACE OF DEATH

County Baltimore

Village or City Catonsville

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds.

(93-2)

Registration Dist. No. 20

St. Ward

No. Edmondson Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Opitz Home 5308 Bellville Ave

(Usual place of abode)

Ward.

Baltimore, Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
- - -

6. DATE OF BIRTH (month, day, and year) December 13, 1853

7. AGE	Years	Months	Days	If LESS than
	82	9	19	1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.  
None

9. Industry or business in which work was done, as SICK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Baltimore Md.

13. NAME Henry Deckman,

14. BIRTHPLACE (city or town)  
(State or country) Germany

15. MAIDEN NAME Elizabeth Doenges,

16. BIRTHPLACE (city or town)  
(State or country) Germany17. INFORMANT Mrs. Frank Nichols,  
(Address) 5308 Bellville Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls. Violet &amp; Webster 5 w 1936

19. UNDERTAKER See W. Little  
(Address) 2700 Edmondson Ave

20. FILED 10/2/36 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 2/36

(Month)

(Day)

193 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 12/36 19 to Oct 2/36 19

I last saw her alive on Sept 15/36 19; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis - (Duration) (Date of onset)  
Chronic myocarditis Quarters

Other Contributory Causes of Importance:

arteriosclerosis  
hypertension

Name of operation (Date of)

What test confirmed diagnosis? Was there an autopsy? (X)

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (X)

If so, specify

(Signed)

(Address) 2220 Garrison Blvd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
1918	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10096

## 1. PLACE OF DEATH

County of Baltimore

Village or City Richardson

Length of residence in city or town where death occurred yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME John M. Dennis

(a) Residence: No.

Richardson, Md  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary Chiles Dennis

6. DATE OF BIRTH (month, day, and year) Feb 23 1866

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

70

8

23

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Retired  
11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Frederick, Md

MOTHER FATHER

13. NAME Geo Robertson Dennis

14. BIRTHPLACE (city or town)  
(State or country)Somerset County  
Md

15. MARRIED NAME

Fanny M. Pherson

16. BIRTHPLACE (city or town)  
(State or country)Frederick Co  
Md

17. INFORMANT

(Address)

Richardson, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Frederick, Md  
Date Oct 15, 1936

19. UNDERTAKER

(Address)

John M. Dennis, Son  
1014 W. Monument St

20. FILED

Oct 17, 1936  
J. M. Jackson  
Agent of State  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 16

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from  
Aug 3, 1936, to Oct 16, 1936.  
Last saw him alive on Oct 10, 1936, death is said  
to have occurred on the date stated above, at 6:20 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Paranasal Sinusitis Chronic  
Alveolar Abscesses  
Prostatic Hypertrophy  
Acute Cystitis  
Date of onset  
2 years  
20  
1 year  
2 weeks

Other Contributory Causes of importance:

Lobar Pneumonia (Right upper lobe) 2 days

Name of operation

none Date of

What test confirmed diagnosis?

Physical Laboratory Date of

Wes Thera en eu'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

M. B. Lewis

(Signed)

(Address) 711 W. Monument St M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County BaltimoreVillage or City Towson (No. 28)10097  
STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38

108

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME William Maxwell Dey

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married6 DATE OF BIRTH June 6

(Month)

(Day)

(Year) 18727 AGE 64

yrs.

4

mos.

11

ds.

If LESS than  
1 day hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Foreman for(b) General nature of industry business, or establishment in which employed or (employer) Baets Co

## 9 BIRTHPLACE

(State or country) New Jersey

## PARENTS

10 NAME OF FATHER

Isaac Dey

11 BIRTHPLACE OF FATHER

(State or country) New Jersey

12 MAIDEN NAME OF MOTHER

M. Lummom

13 BIRTHPLACE OF MOTHER

(State or Country) New York

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William M. Dey(Address) Willow Ave. 51

15

Filed

108

Reg. No.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I. o. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 17

(Month)

(Year) 1926I HEREBY CERTIFY, That I attended the deceased from October 13, 1926, to October 17, 1926, that I last saw him alive on October 17, 1926, and that death occurred on the date stated above, at 10:18 A.M.

The CAUSE OF DEATH \* was as follows:

Lobar Pneumonia (Type I)(Duration) 4 yrs. 4 mos. 4 ds.Contributory  
Secondary(Duration) 1 yrs. 1 mos. 1 ds.(Signed) P. O. Sellman M. D.(Address) Towson Md

\* State the disease causing death, or, in deaths from

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yrs. 0 mos. 0 ds.In the State 1 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death.

Former or usual residence.

## 18 PLACE OF BURIAL OR REMOVAL

Mr Maria Towson

DATE OF BURIAL

10 of 20 of 1926

## 19 UNDERTAKER

J. J. Doherty Sons

ADDRESS

1318 Light

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mining, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident. Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1936

3

NOV

1936

3

NOV

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10098

## 1. PLACE OF DEATH

County BaltimoreVillage or City Lock Haven

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Proctor Rd.

(Usual place of abode)

(131)

Registration Dist. No.

38

St.

Ward

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widow

## 6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Luther Duvall

## 6. DATE OF BIRTH (month, day, and year)

1 - 1 - 1857

## 7. AGE

82 Years

Months 9

Days 29

If LESS than  
1 day  hrs.  
or  min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

At Home

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

Scotland

(State or country)

## MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

"

(State or country)

15. MAIDEN NAME

"

16. BIRTHPLACE (city or town)

"

(State or country)

## 17. INFORMANT

(Address)

George Williamson Duvall

Proctor Rd. - Lock Haven

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

11/2/36

## 19. UNDERTAKER

(Address)

George D. Pugh Inc.

10736 Haynes Avenue

## 20. FILED

(Address)

10/31/36 A. M. Bacon

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 30

(Month)

1936  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

1927, 19, to Oct. 30, 1936

I last saw her alive on Oct. 30, 1936; death is said  
to have occurred on the date stated above, at 11:55 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic interstitial  
nephritis  
Chronic myocarditisDate of onset  
Prior to  
1927

Other Contributory Causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. M. Bacon M. D.  
(Address) Parkville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 3 1926	1921
Cerebral hemorrhage	RECEIVED	July 5, 1927

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones	RECEIVED	May 1, 1928
	RECEIVED	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis	RECEIVED	1 year
	RECEIVED	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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K H  
HEALTH DEPARTMENT-CITY OF BALTIMORE

## CERTIFICATE OF DEATH 940

94-a 10099

## 1. PLACE OF DEATH BALTIMORE COUNTY

CITY OF BALTIMORE: (No. 2812 Hillcrest Lane Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Edward H. England

(a) Residence: No. 2812 Hillcrest Lane Ward.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Julia H. England

(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31-1872

7. AGE 63 Years 11 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME Charles England

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Mabel

16. BIRTHPLACE (city or town) (State or country) Yukon

17. INFORMANT Thomas England  
(Address) 2208 Ingleside Lane

18. BURIAL, CREMATION, OR REMOVAL

Oakwood Cemetery Date 10-5 1936

19. UNDERTAKER George F. Clark  
(Address) 5305 Highland Ave.

20. FILED

Registered No. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran  
specify WAR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 29, 1936 to Oct 3, 1936

last saw him alive on Oct 3, 1936 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Aneurysm Pectoris

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage Coronary arteriosclerosis

Date of

Was an operation performed?

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Olaf J. Juvine M. D.

(Address) 4733 34th Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly certified. OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

### Other contributory causes of importance

Gallstones	Date of onset
	May 1, 1923

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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Peritonitis	Date of onset
	3 days ago

### Other contributory causes of importance

Gastroenteritis	Date of onset
	1 year


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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10100

## 1. PLACE OF DEATH

County Baltimore

Registration Dist. No. 23

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

St. Ward

Length of residence in city or town where death occurred 9 yrs. 30 mos. 30 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Emma Elsie Ensor

(a) Residence: No. Monkton  
(Usual place of abode)

St. Ward

Balt. Co.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Strike the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 26, 1913

7. AGE Years 23 Months 7 Days 17 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. School-fut9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) May 1932 | 11. Total time (years)  
spent in this  
occupation 1012. BIRTHPLACE (city or town)  
(State or country) Glenelg  
Maryland13. NAME Guy R. Ensor  
14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Effie Culcoat  
16. BIRTHPLACE (city or town)  
(State or country) Penna.Hospital Records--Personal History  
17. INFORMANT Eudowood Sanatorium, Towson, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place George Washington Date Oct. 15, 193619. UNDERTAKER Adam E. Brooks & Son  
(Address) 2000 E. 36th St.20. FILED Oct 13, 1936  
Towson, Md.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH October 13

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from  
December 14, 1935 to October 17, 1936.I last saw her alive on October 13, 1936; death is said  
to have occurred on the date stated above, at 12:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary Tuberculosis April  
1935

Data of onset

Other Contributory Causes of importance:

Name of operation None Data of

What test confirmed diagnosis X Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D. Bridges  
Towson, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10101

## 1. PLACE OF DEATH

County Baltimore

Village or City Woodlawn

Length of residence in city or town where death occurred

No. Dogwood Rd &amp; Proctor Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Ella Evans

(a) Residence: No. Dogwood Rd &amp; Proctor Ave.

St.

Ward.

If U. S. Veteran, specify WAR

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

William O. Evans

6. DATE OF BIRTH (month, day, and year) December 3, 1886

7. AGE	Years	Months	Days	If LESS than
	49	10	19	1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	At Home
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Germany

13. NAME Oswald Fleischer

14. BIRTHPLACE (city or town)  
(State or country) Germany

15. MAIDEN NAME Hattie Garbo

16. BIRTHPLACE (city or town)  
(State or country) Germany17. INFORMANT Mrs. Martha Widerman  
(Address) Woodlawn, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Lorraine Cemetery Date Oct. 24 1936

19. UNDERTAKER (Address) Joseph J. Cook 1005 W. Baltimore St.

20. FILED 10/24/36 At Albermarle  
Registr. 10/24/36

Registration Dist. No. 30

30

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 22

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 10, 1936, to Oct. 22, 1936

I last saw her alive on Oct. 20, 1936; death is said

to have occurred on the date stated above, at 10:10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of sigmoid  
of epithelium of sigmoid  
cervix abdominal wall  
Primary epithelium of umbilicus. Date of onset  
Duration: 18 months.

Other Contributory Causes of importance:

Sigmoid was a late metastasis.

Name of operation. Date of

What test confirmed diagnosis? Cancer. Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Gandy M. D.

(Address) 4509 Liberty Heights Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 7 1926	1921

1915
1921
July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

**(M)** **(S)** **10102**  
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County... Baltimore

Village or City Dundalk (No. 290 St. Helena Ave.

2 FULL NAME Infant Felber

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
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## 6 DATE OF BIRTH

October 11, 1936  
(Month) (Day) (Year)

## 7 AGE

Stillborn

If LESS than  
1 day... hrs.  
yrs. mos. ds. or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer) None9 BIRTHPLACE  
(State or country)290 St. Helena Ave.  
Dundalk, Maryland10 NAME OF  
FATHER

Herbert Felber

11 BIRTHPLACE  
OF FATHER  
(State or country)

Baltimore, Md.

12 MAIDEN NAME  
OF MOTHER

Nettie DeGraw

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

Portsmouth, Va.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 10/11/36 192 *J. McLearnine*  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

St. Ward (If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Oct. 11, 1936, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192 to 192, 192

that I last saw h alive on 192, 192

and that death occurred on the date stated above, at 192 m.

The CAUSE OF DEATH \* was as follows:

Stillborn

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed)

Oct. 11, 1936 (Address) *Mr. Peier* Dundalk, Md. M. D.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL  
*Carnegie Institute of Embryology*20 UNDERTAKER *John L. Wolfson* ADDRESS  
*Baltimore 2nd*DATE OF BURIAL  
Oct. 12, 1936

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (o) *Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (o) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer, Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10103

## 1. PLACE OF DEATH

County Baltimore  
Village or City Bentley

165

Registration Dist. No. 31

31

St. WardLength of residence in city or town where death occurred 10 yrs. 7 mos. 11 ds. How long in U.S. if of foreign birth?   yrs.   mos.   ds.

## 2. FULL NAME

Peter K. Fowble  
(a) Residence: No. Bentley (Cockeysville, Md.)  
(Usual place of abode)If U. S. Veteran, specify WAR  

Ward

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married6. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Gene F. Fowble6. DATE OF BIRTH (month, day, and year) Aug 18, 18667. AGE Years 70 Months 2 Days 11 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) Oct 18, 193611. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town)  
(State or country) Bentley13. NAME Joseph Melchior Fowble14. BIRTHPLACE (city or town)  
(State or country) Bentley15. MAIDEN NAME Julia Anna Kerop16. BIRTHPLACE (city or town)  
(State or country) Bentley17. INFORMANT Mrs. P. K. Fowble  
(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bentley Rock Date Oct. 31, 3619. UNDERTAKER Wm. S. Brooks & Son  
(Address) Spacious and20. FILED Oct 29, 1936 William J. McLeod  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct.  
(Month)28  
(Day), 1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

SuicideStrangulation byHanging - Self inflicted

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. Walter Allen Conner(Address) Cockeysville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10104

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years Months Days If LESS than

82 7 25 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

(Address)

72-2

Registration Dist. No.

43

St. Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

6801 Belair Rd St Ward.

not B.C.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 9th

(Month)

(Day)

1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 1935, to Oct 9th, 1936

I last saw him alive on Oct 9th, 1936; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Arrest

Date of onset

Other Contributory Causes of importance:

Myocarditis  
Arteriosclerosis

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gustav G. Fritsch M. D.

(Address) 6801 Belair Rd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis	NOV 3 1930	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

10105  
STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 38

Village or City Towson (No. West, Joppa Road St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sister M. Gabriel (Mary Lonergan)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
------------------------	---------------------------------	---

6 DATE OF BIRTH

March 27th, 1867, 1  
(Month) (Day) (Year)

7 AGE

69 yrs. 6 mos. 27 ds.

If LESS than  
1 day, 0 hrs.  
0 mins.  
0 sec.

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work  
Religious  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)  
Mission Helpers

9 BIRTHPLACE  
(State or country)

Ireland

10 NAME OF  
FATHER

Thomas Lonergan

11 BIRTHPLACE  
OF FATHER  
(State or country)

Ireland

12 MAIDEN NAME  
OF MOTHER

Margaret Phelan

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Convent Records  
Mission Helpers Convent

(Address) W. Joppa Road, Towson, M.D.

15

Filed Oct 25 1936

16 Donald Van Horn

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 23rd, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
9-1-1916, to 10-23rd, 1916,

that I last saw him alive on 10-22-1916,

and that death occurred on the date stated above, at 3:30 p.m.,  
The CAUSE OF DEATH\* was as follows:

Chronic Myocarditis

(Duration) yrs. mos. ds.

Contributory Concurrent Bronchitis  
Secondary

(Duration) yrs. mos. ds.

(Signed) Robert H. Allison, M. D.

10-25-1916 (Address) 408 York Rd. Towson

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mission Helpers Cemetery 10/26/36

20 UNDERTAKER ADDRESS

George J. Ruth, Inc 1735 Harford Ave

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

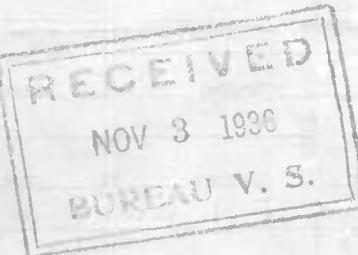
[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcin-*

*oma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

10106

## 1. PLACE OF DEATH

County

Balto

948

Registration Dist. No.

30

Village or City

Calonsville

St.

Ward

Length of residence in city or town where death occurred

56 yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Thomas H. Baeter

(a) Residence: No.

158 Weller Calonsville

Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

Colcl

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

martha Baeter

6. DATE OF BIRTH (month, day, and year)

7. AGE

52

Years

Months

9

Days

5

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

Jan 3 - 1884

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Labour

Farm

Oct 5, 36

11. Total time (years)  
spent in this  
occupation

life

12. BIRTHPLACE (city or town)  
(State or country)Howard Co  
Md.

MOTHER FATHER

13. NAME

Ed Baeter

14. BIRTHPLACE (city or town)  
(State or country)Howard Co  
Md.

15. MAIDEN NAME

Mary Mathews

16. BIRTHPLACE (city or town)  
(State or country)Howard Co  
Md.

17. INFORMANT

(Address)

John Baeter  
158 Weller Calonsville

18. BURIAL, CREMATION, OR REMOVAL

Place

St.

Date

Oct 9, 1936

19. UNDERTAKER

(Address)

Miss Katie R. Weller

322 or Schaefer St

20. FILED

Oct 7, 1936

Marshall B. Weak

Registrar

## 21. DATE OF DEATH

Oct  
(Month)5  
(Day)1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

I last saw h. alive on about 1P.m.; death is said  
to have occurred on the date stated above, atThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

coronary thrombosis

Date of onset  
two  
minutes

Other Contributory Causes of importance:

off job whatever  
Coroner

Name of operation

Date of

What test confirmed diagnosis? Coronary Care

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marshall B. Weak  
(Address) Calonsville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
RECEIVED		NOV 7 1936
Other contributory causes of importance:		
Gallstones		May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10107

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Pikesville

98-C

Registration Dist. No. 3a

10107

St., Ward

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Maria Jane Geissendaffer(a) Residence: No. Reisterstown Road

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
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5a. If married, widowed, or divorced

HUSBAND of James T. Geissendaffer  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) August 17th, 1855

7. AGE <u>about 81</u>	Years <u>2</u>	Months <u>5</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>housewife</u>
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
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10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) Baltimore,  
(State or country) Maryland.13. NAME Joseph Limton,14. BIRTHPLACE (city or town) unknown  
(State or country)15. MAIDEN NAME could not ascertain16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT W. H. Schwatka, Jr.  
(Address) 2027 Ellicott Driveway, Baltimore.

18. BURIAL, CREMATION, OR REMOVAL

Place Wendell Ridge Date Oct. 24, 1936

19. UNDERTAKER

(Address) Stuart & Son20. FILED Oct. 23, 1936

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 22nd, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_, to , 19\_\_\_\_, 19\_\_\_\_

I last saw him alive on , 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

direct cause; myocarditis  
contributory cause; arterio  
sclerosis

Chronic myocarditis cont'd.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	GOT 21	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10108

## 1. PLACE OF DEATH

County. Baltimore

Village or City. EUDOWOOD SANATORIUM, TOWSON, MD.

Registration Dist. No. X 38

St. Ward

Length of residence in city or town where death occurred 8 yrs. 9 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME. Mary Bernadine Graves

(a) Residence: No. 210 Schenley Road St. Bkt. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

W

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Dec 17, 1908

7. AGE

27

Years

Months

Dey

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) -11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Leonardtown, St. Mary's Co  
Maryland

13. NAME

Bernard Albert Graves

14. BIRTHPLACE (city or town)  
(State or country)

England

15. MAIDEN NAME

Mary Jones

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place. Mount Ridge Cemetery Date. 10/10, 1936

19. UNDERTAKER

(Address) Wm. G. Bridges

20. FILED

Oct 8, 1936 M. A. Bridges

Deputy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October

(Month)

8

(Day)

, 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 12, 1936 to Oct 8, 1936

I last saw her alive on October 7, 1936; death is said  
to have occurred on the date stated above, at 6:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Tuberculosis

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. A. Bridges

(Address) Towson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 3 1936	1921

Other contributory causes of importance:		
Gallstones	RECEIVED NOV 3 1936	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:		
Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10109

## 1. PLACE OF DEATH

County

Baltimore

(130)

Registration Dist. No. 30

Village or City

Catonsville

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Alrahany E. B. Ball

404 Taylor Ave St.

Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Clara B. Ball

6. DATE OF BIRTH (month, day, and year)

Aug. 30-1874

7. AGE

Years  
62Months  
5Days  
14If LESS than  
1 day,  
or  
min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Saw Mill, Bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER

FATHER

13. NAME

William H. Hall

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME

Elizabeth Wilson

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT

(Address)

Clara B. Ball, wife

18. BURIAL, CREMATION, OR REMOVAL

Place

Western Cemetery

Date

10-7-1936

19. UNDERTAKER

(Address)

J. G. Hardy, Drury, Hill Ave

20. FILED

(Address)

Oct 5, 1936 Marshall B. Lewis

Registrar.

## 21. DATE OF DEATH

Oct

4

(Month)  
(Day), 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct 19, 1936, to Oct 19, 1936

I last saw him alive on Oct 4, 1936; death is said  
to have occurred on the date stated above, at 8:45 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Acute Nephritis  
Bronchial AsthmaDate of onset  
3 weeks  
about 3 yearsThe acute nephritis followed an upper  
respiratory infection, the exact nature  
and the duration of which are unknown.

Other Contributory Causes of Importance:

C. W. H.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

N. Gilbert Hardy, M. D.

(Address)  
102 Winter, Catonsville

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage **RECEIVED** **NOV 7 1936**

### Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1	5	1 week ago
Run over by street car	1	5	1 week ago
Peritonitis	1	5	3 days ago
	1	5	
Other contributory causes of importance:			
Gastroenteritis	1	5	1 year
	1	5	

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 3 1926	1921
<hr/>		
BUREAU V. S.		

Other contributory causes of importance:

Gallstones

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
<hr/>	
Other contributory causes of importance:	
Gastroenteritis	1 year
<hr/>	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
<hr/>	
Other contributory causes of importance:	
Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10111

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. if of foreign birth?   yrs.   mos.   ds.2. FULL NAME Charles Horn(a) Residence: No. 1807 Patterson Pk Ave.

If U. S. Veteran, specify WAR

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M5a. If married, widowed, or divorced  
HUSBAND of   WIFE  Sarah Frances Horn6. DATE OF BIRTH (month, day, and year) unknown. 18707. AGE 66

Years

Months

Dey

If LESS than

1 day,   hrs.  
or   min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Penn R.R.10. Date deceased last worked at this occupation (month and year) April 193211. Total time (years) spent in this occupation 21 yrs12. BIRTHPLACE (city or town) Baltimore Co. Maryland

(State or country)

13. NAME unknown14. BIRTHPLACE (city or town) Germany

(State or country)

15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Germany

(State or country)

17. INFORMANT Mrs. Elizabeth Shirley (dte.)(Address) 1702 No. Colington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland PkDate 10/16/3619. UNDERTAKER Geo H. Cook(Address) 753 Patterson Pk Ave20. FILED 10/14/36By Blanchard

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 13

(Month)

(Day)

(Year) 193622. I HEREBY CERTIFY That I attended deceased from Dec 3, 1935 to Oct 13, 1936I last saw him alive on Oct 12, 1936; death is said to have occurred on the date stated above, at 7:27 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Osteo-Arthritis  
Pneumonia. Date of onset  
Oct. '36

Other Contributory Causes of Importance:

Cerebral haemorrhage  
residual hemiplegia (1932) Date of  
Oct. '36

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide?..... Date of Injury.....

Where did injury occur?..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Oscar A. Clark M. D.(Address) Spring Grove State Hosp.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County. Baltimore

Village or City. Catonsville

Length of residence in city or town where death occurred

yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

95-P

Registration Dist. No.

Spring Grove Hosp. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME. Howard, Ann E.

(a) Residence: No. 6515 Belair Road

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widow

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

William Howard

## 6. DATE OF BIRTH (month, day, end year).

Sept 29, 1858

7. AGE	Years	Months	Days	11 LESS than
78	0	22	1 day, 0 hrs. or 0 min.	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

housewife

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 21 (Month) 1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 18, 1866, to October 21, 1936.

I last saw her alive on October 20, 1936; death is said to have occurred on the date stated above, at 3:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

?

Arteriosclerotic heart disease

?

Pneumonia, lobular, both lungs

Oct. 1

## OCCUPATION

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

## MOTHER FATHER

## 13. NAME

Nicholas Jones

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

## 15. MAIDEN NAME

Mary Leaf

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

## 17. INFORMANT

Mrs. Helen Cross (aister)

(Address) 618 Melville Ave. Balt. 20

## 18. BURIAL, CREMATION, OR REMOVAL

Place Jessup's, Balt. 20  
Date Oct. 21, 1936

## 19. UNDERTAKER

Perry & Mayers Co.  
(Address) 187 N. North Ave.

## 20. FILED

10/21/36

Registr.

## Other Contributory Causes of importance:

Cellulitis of right leg

Aug. 19

(Acute condition subsided but left patient greatly weakened)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ocean A. Clark

M. D.

(Address) Spring Grove St. Hosp. Catonsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	OCT 28 1936	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	KURPAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10113

## 1. PLACE OF DEATH

County *Baltimore*Village or City *Cockeysville*Length of residence in city or town where death occurred *life* yrs.

No.

*York Rd.*Registration Dist. No. *37*St. *37* Ward

## 2. FULL NAME

(a) Residence No. *Cockeysville, Md.*

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Fe</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Widowed</i>
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5a. If married, widowed, or divorced

*Widow of George W. Hubbard*6. DATE OF BIRTH (month, day, end year) *April 29, 1849*

7. AGE <i>87</i>	Years	Months <i>65</i>	Days <i>26</i>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>House work</i>	11. Total time (years) spent in this occupation <i>70</i>
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *Own home*10. Date deceased last worked at this occupation (month and year) *1934*12. BIRTHPLACE (city or town) *Baltimore*  
(State or country) *Baltimore Co., Md.*13. NAME *Agilla Jones*14. BIRTHPLACE (city or town) *Baltimore Co., Md.*  
(State or country)15. MAIDEN NAME *(?) Tracy*16. BIRTHPLACE (city or town) *Mo.*  
(State or country)17. INFORMANT *Mrs. Sarah Shiple (daughter)*  
(Address) *5418 Middle Rd., Baltimore, Md.*18. BURIAL, CREMATION, OR REMOVAL  
Place *Jumps-Cockeysville* Date *Oct. 28, 1936*19. UNDERTAKER *Wm. C. Brooks & Son*  
(Address) *Sparks, Md.*20. FILED *Oct. 26, 1936* William J. Leibbrandt  
Registrar(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. *0* ds. *0* How long in U. S. if of foreign birth? yrs. *0* mos. *0* ds.*U. S. Veteran, specify War. ✓*

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct. 25, 1936*(Month) *Oct.* (Day) *25* (Year) *1936*22. I HEREBY CERTIFY That I attended deceased from *Oct. 2, 1936* to *Oct. 25, 1936*.I last saw her alive on *Oct. 25, 1936*; death is said to have occurred on the date stated above, at *5:20 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Arteriosclerosis  
Cardio and vascular disease  
Cerebral, right brachial  
Pneumonia, hypostatic*

Other Contributory Causes of importance:

Date of onset  
*Aug. 1936*1936  
*10/21/36*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Chloroform* Was there an autopsy? *No*23. If death was due to external causes (VIOLENCE) fill in also the following: *No*

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *Rollin L. Hudson* M. D.(Address) *Towson, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

REAU V. S.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10161

M

MARGIN RESERVED FOR BINDING

D

V. S. No. 1

T

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Reisterstown

772

Registration Dist. No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 30 yrs.

Nd. (If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Harry M. D. Jess(a) Residence: No. Hanover Rd (Reisterstown) St., \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m.</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5a. If married, widowed, or divorced HUSBAND of (or WIFE of) <u>Harry A. Jess</u>		
6. DATE OF BIRTH (month, day, and year) <u>June 25, 1877</u>		
7. AGE Years <u>59</u>	Months <u>3</u>	Days <u>6</u>
		If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>House Painter</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Woman &amp; Co.</u>
10. Date deceased last worked at this occupation (month and year) <u>1934</u>	11. Total time (years) spent in this occupation <u>30 yrs.</u>

12. BIRTHPLACE (city or town) _____ (State or country) <u>Germany</u>
13. NAME <u>Unknown</u>

14. BIRTHPLACE (city or town) _____ (State or country) <u>Germany</u>
15. MAIDEN NAME <u>Unknown</u>

16. BIRTHPLACE (city or town) _____ (State or country) <u>Germany</u>
17. INFORMANT <u>Mrs. Anna V. Houdeshell</u> (Address) <u>1431 Homestead St (Baltimore)</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Morgue and Park, Cest 3/51</u>
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19. UNDERTAKER <u>John Lewis</u> (Address) <u>1217 St Paul St</u>
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20. FILED <u>Oct 8, 1936</u> <u>2 P.M.</u>
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Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct.

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 1, 1936, to Oct. 1, 1936I last saw Mr. Jess alive on Sept. 30, 1936; death is said to have occurred on the date stated above, at 4 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

myocarditis (decompensata) 5/20th

Date of onset

Other Contributory Causes of importance:

anæmia - secondary  
lead poisoning (wad)  
poisoning (wad)

Probable cause

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James L. Saffell  
(Address) Reisterstown, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	NOV 3 1936
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 3 1936	1921
<b>BUREAU V. S.</b>		

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Baltimore

23

Registration Dist. No.

10116

40

Village or City

Byde

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence N.D.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Frances Jurgielwicz

6. DATE OF BIRTH (month, day, and year)

April 9th 1886

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Poland

MOTHER

FATHER

13. NAME

Joseph Jurgielwicz

14. BIRTHPLACE (city or town)

(State or country)

Poland

15. MARIOON NAME

Antonina

16. BIRTHPLACE (city or town)

(State or country)

Poland

17. INFORMANT

Frances Jurgielwicz  
(Address) 2318 3rd St. B.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Oct. 6th, 1936

19. UNDERTAKER

George A. Weber  
(Address) 705 S. Carroll St.

20. FILED

Date Oct. 15th, 1936  
Place M. J. Hammatt  
Registr. 14831

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 3rd, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 24, 1936, to Oct 3rd, 1936

I last saw him alive on Oct 3rd, 1936

death is said to have occurred on the date stated above, at 12:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis  
Date of onset

Other Contributory Causes of importance:

Pulmonary Tuberculosis  
Date ofName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. D. Hammatt M. D.  
(Address) Baltimore

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	OCT 5 1936	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10117

X38

## 1. PLACE OF DEATH

County Baltimore

Village or City EUDOWOOD SANATORIUM, TOWSON, MD.

Registration Dist. No. 23

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mildred Elizabeth Kane

(a) Residence: No. 1 Havre de Grace

St., Ward.

Harford Co.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)	August 30, 1908		
7. AGE	Years 28	Months 1	Days 5
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nurse		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Private Duty		
10. Date deceased last worked at this occupation (month and year)	October 1931		
	11. Total time (years) spent in this occupation 10		

12. BIRTHPLACE (city or town) (State or country)	Harford County Maryland		
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13. NAME	John W. Kane		
14. BIRTHPLACE (city or town) (State or country)	Harford County Maryland		

15. MATURE NAME	Emma Moseley		
16. BIRTHPLACE (city or town) (State or country)	Harford County Maryland		

Hospital Records—Personal History			
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17. INFORMANT	Eudowood Sanatorium, Towson, Md.		
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18. BURIAL, CREMATION, OR REMOVAL	Burial		
Place	Angel Dell		
	Date Oct. 9, 1936		

19. UNDERTAKER	Mildred Mitchell		
(Address)	Towson, Md.		

20. FILED	Oct. 6, 1936		
	McGinnis, Tolson		
	H. W. B. Registrar		

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 6  
(Month) (Day), 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from February 19, 1931 to October 6, 1936. I last saw her alive on October 6, 1936; death is said to have occurred on the date stated above, at 12:45 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis  
Date of onset November 1928

## Other Contributory Causes of importance:

Name of operation Pneumolysis : Date of May 1934  
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Bridges  
(Address) Towson, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis *RECEIVED*

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

NOV 3 1936

Date of onset

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED  
20 NOV 1936  
BUREAU V. S.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10118

## 1. PLACE OF DEATH

County BaltimoreVillage or City FallertonLength of residence in city or town where death occurred Unknown

205-9

Registration Dist. No. 43

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number) m. s. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Katy(a) Residence: No. 4705 York Rd.

(Usual place of abode)

(b) If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofRuth Bell Hart6. DATE OF BIRTH (month, day, and year) May 27, 19367. AGE 50 Years 4 Months 9 Days If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Machinist</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Contracting</u>
10. Date deceased last worked at this occupation (month and year) <u>Oct. 6, 1936</u>
11. Total time (years) spent in this occupation <u>20</u>

12. BIRTHPLACE (city or town) Baltimore City Md.  
(State or country)13. NAME Moses Katy14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME Henrietta Tiedt16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT Mrs. Ruthy Katy  
(Address) 4705 York Rd.18. BURIAL, CREMATION, OR REMOVAL  
Place Parkwood Date Oct. 9, 193619. UNDERTAKER Ledek Lasagna & Son  
(Address) 7401 Belair Rd.20. FILED 10/8/36 J. A. Fitz M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 6, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, 19

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental Death - which was caused by Mrs. Hart walking under a clam shell operated by Uncle Hart 941 N. Broadway Baltimore on Oct. 6, 1936 about 4:45 PM.

Other Contributory Causes of importance:

Internal hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Data of injury Oct. 6, 1936Where did injury occur? Baltimore County Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

IndustrialManner of injury Caught in clam shell diggerNature of injury Crushed Chest24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) William Haakman Jr. Coroner  
(Address) Baltimore Police Station

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10119

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Parkville

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

46C

Registration Dist. No. 38No. 2917 Garnet Road

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ada King(a) Residence: No. 2917 Garnet Road

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
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5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

William H. King6. DATE OF BIRTH (month, day, end year) Oct. 22/1863

7. AGE <u>72</u> Years	Months <u>11</u>	Deys <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>at Home</u>	11. Total time (years) spent in this occupation
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	10. Date deceased last worked at this occupation (month and year)
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12. BIRTHPLACE (city or town) <u>Baltimore</u> (State or country) <u>Maryland</u>	13. NAME <u>Unknown</u>
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14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Unknown</u>	15. MAIDEN NAME <u>Rose Muller</u>
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16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Ireland</u>	17. INFORMANT <u>William H. King</u> (Address) <u>2917 Garnet Road</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>London Park</u> Date <u>Oct. 12<sup>th</sup> 1936</u>	19. UNDERTAKER <u>Frederick Lassahn Sons</u> (Address) <u>7401 Belair Road</u>
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20. FILED <u>Oct. 10, 1936</u> A. M. Bacon Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 8

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 15, 1936, to Oct. 8, 1936I last saw him alive on Oct. 5, 1936, death is said to have occurred on the date stated above, at 11:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Exhaustion +  
Toxemia

Date of onset

Other Contributory Causes of importance:

Gastritis 7  
the ColonName of operation none Date of 1936What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of Injury 1936Where did injury occur? none (Specify city or town, county and State)Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. noneManner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noneIf so, specify none(Signed) Clark Sweet  
(Address) 4752 Lansdowne Road M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

NOV 3 1928	
Other contributory causes of importance:	

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10120

## 1. PLACE OF DEATH

County *Baltimore*Village or City *Bengies*Length of residence in city or town where death occurred *22* yrs.

23

Registration Dist. No. *447*St. *Ward*(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. *0* ds. How long in U.S. if of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Thomas Melvin Knight*(a) Residence: No. *Earle Road, Bengies Md.* St. *Ward.*

If U.S. Veteran specify WAR

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
*Single*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of *✓*6. DATE OF BIRTH (month, day, end year) *Aug-11-1914*7. AGE *22* Years *2* Months *6* Days *If LESS than*  
*1 day, 0 hrs.*  
*or 0 min.*8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. *Electrical Helper*9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) *7/22*11. Total time (years)  
spent in this  
occupation *2*12. BIRTHPLACE (city or town)  
(State or country) *Baltimore Md.*13. NAME *Thomas F. Knight*14. BIRTHPLACE (city or town)  
(State or country) *Baltimore Md.*15. MAIDEN NAME *Elvina Eccleston*16. BIRTHPLACE (city or town)  
(State or country) *Baltimore Md.*17. INFORMANT *Thomas F. Knight*  
(Address) *Bengies Md.*18. BURIAL, CREMATION, OR REMOVAL *Chase Md.* Date *Oct 20, 1936*  
*Plot 10 Bengies Cemetery*19. UNDERTAKER *Hughes & Jones Inc.*  
(Address) *1424 St. Broadway*20. FILED *10/19/1936* *State of Maryland*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *October 17*(Month) *Oct* (Day) *17* (Year) *1936*

22. I HEREBY CERTIFY, That I attended deceased from

*May 1936* to *Oct 17, 1936*I last saw him alive on *Oct 17, 1936*; death is said  
to have occurred on the date stated above, at *11:10 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Pulmonary Tuberculosis* Date of onset *1932*

Other Contributory Causes of importance:

Name of operation *none* Date of *none*What test confirmed diagnosis? *clinical findings* Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *none* Date of Injury *1936*

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. J. White*(Address) *Essex Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

NOV. 7 1930

RECEIVED  
HUPPAU V. S.

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy  
Run over by street car  
Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

## Example II

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10121

## 1. PLACE OF DEATH

County Baltimore  
Village or City Catonsville

(93c)

Registration Dist. No.

30

Ward

Length of residence in city or town where death occurred. yrs. 2 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME LAUX, GEORGE H.(a) Residence: No. 1624 E Federal

St. Ward.

B. C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofBertha L. Laux6. DATE OF BIRTH (month, day, and year) Aug 15, 1868

7. AGE Years <u>68</u>	Months <u>2</u>	Days <u>4</u>	11 LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Insurance</u>	10. Date deceased last worked at this occupation (month and year) <u>Oct 1936</u>	11. Total time (years) spent in this occupation <u>60 3/4</u>
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12. BIRTHPLACE (city or town)  
(State or country) Baltimore13. NAME Henry Laux14. BIRTHPLACE (city or town)  
(State or country) Alvace Lorraine15. MAIDEN NAME Elizabeth Schmidt16. BIRTHPLACE (city or town)  
(State or country) Bavaria17. INFORMANT Bertha L. Laux  
(Address) 1624 E. Federal St18. BURIAL, CREMATION, OR REMOVAL  
Place London Park Date Oct 31, 193619. UNDERTAKER Mr. & Mrs. John W. Geufel & Son  
(Address) 801 W. Fayette St20. FILED Oct 19, 1936 Marshall B. Weak  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 19

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 6, 1936, to October 19, 1936.I last saw him alive on October 19, 1936; death is said to have occurred on the date stated above, et. 6:03 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis

Date of onset

1936

Chronic myocarditis aet. G.R.  
Duration: many years

Other Contributory Causes of importance:

Arterio-sclerosis  
Myocarditis  
Depression

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John Weak M. D.  
(Address) Catonsville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 7 1927	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10122

## 1. PLACE OF DEATH

County Baltimore  
Village or City Catoctinville

Length of residence in city or town where death occurred

1918

Registration Dist. No. 50

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 66 ds. How long in U.S. if of foreign birth? 44 yrs. mos. ds.2. FULL NAME LAURENCE, JAMES T(a) Residence: No. Ridge Road, Baltimore Ward. Baltimore Co.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed or divorced. HUSBAND of Amelia T. Lawrence (or) WIFE of6. DATE OF BIRTH (month, day, and year) April 20, 18627. AGE Years 74 Months 6 Days 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shipsmith  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Shipsmith  
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Wm Lawrence 14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Frances Wadlow 16. BIRTHPLACE (city or town) Baltimore (State or country) Md.17. INFORMANT daughter, Mrs. Ralph (Address) Ridge Road, Baltimore18. BURIAL, CREMATION, OR REMOVAL Burkwood Cemetery Date Oct 17 193619. UNDERTAKER John J. Jackson & Sons (Address) 1017 Park Ave.20. FILED 10/26/36 At Catoctinville Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 25

(Month)

(Day)

(Year)

22. HEREBY CERTIFY, That I attended deceased from Sept 29, 1936, to Oct 25, 1936. I last saw him alive on Oct 25, 1936; death is saidto have occurred on the date stated above, at 1:29 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 2/22Cause of the fractured femur: Motor  
cycle strain. Date: October 11th, 1936.  
Injury occurred in An. his son's car.

Other Contributory Causes of importance:

Arterio - valvular  
fractured femur caused  
by muscular strain.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W.P. Durrington Jr. M. D.(Address) Catoctinville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED OCT 27 1936 FEDERAL BUREAU OF INVESTIGATION	
Other contributory causes of importance:	

Gallstones	May 1, 1923
Other contributory causes of importance:	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH 10123

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Baltimore

175

Registration Dist. No. 38

Village or City

On Woods Gilmore Farm near Lock Haven Md

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

609 Montford Ave

Ward.

Baltimore

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

SEX

female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

6a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Walter Henry Leight

6. DATE OF BIRTH (month, day, and year)

april 1898 (3)

7. AGE

38

Years

6

Months

?

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. Trade, profession, or particular

kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at

this occupation (month and  
year)

Oct 10, 1936

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Rock Hall Md

13. NAME

John Middleton

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Myrtle

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Mrs. Leight (daughter)  
609 Montford St.

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Montgomery Park

Date Nov 30, 1936

19. UNDERTAKER

(Address)

John Burns Sons

20. FILED

(Date)

11/30/36

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 10123

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 11th, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19, to , 19,

I last saw h. alive on Oct 11, 1936 death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Remembered by  
Walter Henry Leight  
(husband) by revolver  
Shot through the  
heart — afterwardsOther Contributory Causes of importance:  
Taking his lifeDate of onset  
10/11/36

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? in Woods

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

woods

Manner of injury murder

Nature of injury murder

24. Was disassembly of injury in any way related to occupation of deceased?

If so, specify (Address)

(Signature)

(Address)

M. D.

Montgomery H. Angel Coroner

OVER

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

After consulting Dr. John S. Green of Townson I decided a special inquest not necessary. Dr. Green stated body had laid at least one month. Dr. Green later advised me police had a report that deceased and her husband had been missing since Oct. 16. Dr. John S. Green of Townson

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10124

## 1. PLACE OF DEATH

County BaltimoreVillage or City On woods Gilmore Farm near Loch RavenRegistration Dist. No. 38S. L. No. 167Ward 1

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Walter Henry Leight

(a) Residence: No. Leonardtown St., Ward. not a war veteran

(Usual place of abode)

Leonardtown St., Ward. Il nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE

Myrtle Mabelta Leight

6. DATE OF BIRTH (month, day, end year)

Dec 30 1896 (b)

7. AGE

Years 39Months 9Days 11If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 10/19 36Carpenter  
General work  
on houses11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town)

(State or country)

Baltimore

MOTHER

13. NAME

Lewis Leight

FATHER

14. BIRTHPLACE (city or town)

(State or country)

Germany

15. MAIDEN NAME

Ruth Smith

16. BIRTHPLACE (city or town)

(State or country)

Baltimore

17. INFORMANT

(Address)

Lawrence Leight (brother)

3035 Reeds St. Baltimore

18. BURIAL, CREMATION OR REMOVAL

(Address)

St. John's Cemetery

11/30 1936

19. UNDERTAKER

(Address)

John Rogers Son's

39 York Rd. Baltimore

20. FILED

(Address)

10/30 1936

All Tax Paid

Over local Registrar.

## 21. DATE OF DEATH

Oct. 11th 1936  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_, to , 19\_\_\_\_.

last saw him \_\_\_\_\_ alive on Oct 11, 1936, death is said

to have occurred on the date stated above, etc. \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

cc self inflicted  
revolver shot  
through right  
temple causingOther Contributory Causes of importance:  
violent death  
(Suicide) 10/11 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? in woods (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Norman H. Angell, Coroner M. D.(Address) Baltimore, Md.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

After consulting Dr. John S. Green of Towson  
was stated the bodies had laid at least  
one month and after advised by Dr. Green  
Towson or Baltimore Police that this person  
(deceased) had been reported missing since Oct. 11, 1930  
& decided special inquest not necessary.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10125

## 1. PLACE OF DEATH

93-c

County Baltimore

Registration Dist. No. 32

Village or City Pikesville, Md.

St. Ward

Length of residence in city or town where death occurred 88 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Fanny Moncure Nelson Lyon

If U. S. Veteran, specify WAR

(a) Residence: No. Pikesville, Md.

St. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

James W. Lyon

6. DATE OF BIRTH (month, day, and year) March 19, 1847

7. AGE Years 88	Months 9	Days 11	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
--	--

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) (State or country)	Stafford County Virginia
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13. NAME	Dr. Wm. S. Nelson
----------	-------------------

14. BIRTHPLACE (city or town) (State or country)	Stafford Co. Virginia
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15. MAIDEN NAME	Mary Moncure
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16. BIRTHPLACE (city or town) (State or country)	Stafford County Virginia
---	-----------------------------

17. INFORMANT	Mr. A. Hall (Address) Pikesville, Md.
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18. BURIAL, CREMATION, OR REMOVAL	Place St. Thomas Cem. Date Oct. 10, 1936
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19. UNDERTAKER	Henry W. Jenkins & Sons Co. (Address) Orchard & McCollom St.
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20. FILED	Oct. 9, 1936 E. E. Michaels Registrar
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 8

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Several years, 19, to October 8, 1936.

I last saw her alive on October 5, 1936; death is said to have occurred on the date stated above, at 8:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

?

Other Contributory Causes of importance:

Arterio-Sclerosis

Senility

?

Name of operation None

Date of

What last confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

E. E. Michaels

M. D.

(Signed) (Address) Pikesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Example 1	
The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	NOV 3 1926 July 5, 1927
BUREAU V. S.	
Other contributory causes of importance:	
Gallstones	May 1, 1928

### Example 1B

**The principal cause of death and related causes of importance were as follows:**

The principal cause of death and related causes of importance were as follows:		Date of onset
<i>Attack of epilepsy</i>		1 week ago
<i>Run over by street car</i>		1 week ago
<i>Peritonitis</i>		3 days ago
Other contributory causes of importance:		
<i>Gastroenteritis</i>		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10126

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Ellicott City

81

Registration Dist. No.

30

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Marion P. Macgill(a) Residence: No. Whistlers Ave St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male White Married

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 28, 1866

7. AGE Years Months Days If LESS than  
70 8 20 1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Eleanor Milling

Retired

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Howard Co. Md.

13. NAME Capt. Wm. A. Macgill14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME Maria E. Lambille16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFIRMARY Marion P. Macgill  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place St. John's Cemetery Date Oct. 21, 193419. UNDERTAKER Castor Sons  
(Address) Ellicott City, Md.20. FILED 10/21/34 H. L. Landrum  
(Address) Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 18  
(Month) (Day) 1934  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
Oct. 16, 1934, to Oct. 18, 1934.I last saw him alive on Oct. 17, 1934; death is said  
to have occurred on the date stated above, at 10:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Geo. Reservoir Muscular  
Dystrophy

Date of onset

1934

## Other Contributory Causes of Importance:

Acute Cough associated with  
Paroxysms of Muscle of Throat

Oct. 16, 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ M. D.

(Signed) Frank O'Farrell(Address) Elliot St. Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 7 1935	1921

RECEIVED  
NOV 7 1935  
BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10127

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore  
Village or City Catonsville

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME McKenzie, Caleb

(a) Residence: No. Ann Arbor Co. Home  
(Usual place of abode)

820

Registration Dist. No. 30

No. Spring Grove Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR \_\_\_\_\_

St.

Ward.

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary Henry McKenzie

6. DATE OF BIRTH (month, day, and year)

Oct. 13, 1871

7. AGE Years <u>64</u>	Months <u>11</u>	Days <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
Labser

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
Labser

10. Date deceased last worked at this occupation (month and year)  
not

11. Total time (years) spent in this occupation unt

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME Caleb McKenzie

14. BIRTHPLACE (city or town)  
(State or country)

Della

md

15. MAIDEN NAME Matilda Clementa

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT John W. Labser

(Address) 36 Franklin St., Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Della Cemetery Date 10/5, 1936

19. UNDERTAKER Caleb L. McNeil

(Address) 804 1/2 Main Street, Catonsville

20. FILED 10/5, 1936

Registrat.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct

3

(Month) , 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 26, 1936, to Oct 3, 1936

I last saw him alive on Oct 2, 1936; death is said to have occurred on the date stated above, at 6:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Cerebral Hemorrhage  
Saponaritis Parotitis

Date of onset

Unknown

Sept '36

Oct '36

Other Contributory Causes of Importance:

Sensibility:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. Lewis Clark

(Address) Spring Grove St. Hoop

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10128

## 1. PLACE OF DEATH

County

Baltimore

119

Village or City

Monkton

Registration Dist. No.

35-

St. Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Harry Mackert

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	wh.	single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May. 14, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	6	24		

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md.

13. NAME

Franklin Mackert

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME

Dorothy Riley

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT

Franklin Mackert

(Address)

Freeland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hereford Date Oct. 9, 1936

19. UNDERTAKER

(Address)

H. Howard Webb

20. FILED Oct 8, 1936 Charles J. Pickton

Registrar

Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 8  
(Month), 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 3, 1936, to Oct. 8, 1936

I last saw him alive on Oct. 3, 1936; death is said  
to have occurred on the date stated above, at 6:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Acute gastro-enteritis

Data of onset

10-3-36

Other Contributory Causes of importance:

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. M. France  
Parton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED  
NOV 7 1936

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## CITY OF BALTIMORE

10129

## CERTIFICATE OF DEATH

95-6

## 1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore County*), St., Ward)Length of residence in city or town where death occurred *67* yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

## 2. FULL NAME

(a) Residence: No. *Garrison Pond*

(Usual place of abode)

St., Ward)

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<i>Male</i>	<i>white</i>	<i>widower</i>

5a. If married, widowed, or divorced  
 HUSBAND of *Anna Matzke*  
 (or) WIFE of *Anna Matzke*

6. DATE OF BIRTH (month, day, year) *Aug 22 1849*  
 7. AGE Years Months Days If LESS than  
*87* *1* *10* I day, hrs.  
 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Restaurant owner*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year).  
 11. Total time (years) spent in this occupation. *+*

12. BIRTHPLACE (city or town) *Berlin Germany*  
 (State or country)

13. NAME *unknown*  
 14. BIRTHPLACE (city or town) *Berlin, Germany*  
 (State or country)

15. MAIDEN NAME *unknown*  
 16. BIRTHPLACE (city or town) *Berlin, Germany*  
 (State or country)

17. INFORMANT *Martha W. Seeler*  
 (Address) *Garrison Pond*

18. BURIAL, CREMATION, OR REMOVAL  
 Place *Lakeview*, Date *Oct 3 1936*

19. UNDERTAKER *Frank H. Neurall*  
 (Address) *Garrison Pond*

20. FILED *Oct 2 1936* *John B. Garrison*  
 Registrar.

Registered No. *33*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

St., Ward)

(If non-resident give city or town and State)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Oct. 1936*22. I HEREBY CERTIFY, That I attended deceased from *Oct 1 1916* to *time of death*, 1936.I last saw him alive on *Oct 1 1936*. Death is said to have occurred on the date stated above, at *10:40 P.M.*

The principal cause of death and related causes of importance were as follows:

*Acute ~~Seizure~~ Convulsions* *10/27*  
*Cerebral ~~Seizure~~ Convulsions* *Death*  
*Heart* *Failure*

Other contributory causes of importance:

*Dehydration* *10/27*

Name of operation *Stethometer* Date of *10/27*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? Date of injury *10/27*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

*No* If so, specify

(Signed) *J. R. P. 1936* M. D.  
 (Address) *Garrison Pond*

N. B. WRITE PEASILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Preeise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more preeise statement of the occupation can be secured. Do not use the word "meehanie," but give exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows: *ED*

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	NOV 3 1936
Cerebral hemorrhage	July 5, 1927

**BUREAU V. S.**

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10130

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Balto  
Sparks

Village or City

Registration Dist. No.

39

Length of residence in city or town where death occurred

yrs.

mos.

ds.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Harold Mays*

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 22, 1936

7. AGE

Years

Months

Days

UNLESS than  
1 day  
05 hrs.  
05 min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Balto Co

## MOTHER

## FATHER

13. NAME

Jacob Mays

14. BIRTHPLACE (city or town)

Balto Co

(State or country)

15. MAIDEN NAME

Dorothy Mays

16. BIRTHPLACE (city or town)

Balto Md

(State or country)

17. INFORMANT

(Address)

Dr. Clementine  
Sparks, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Sparks, Md. Date Oct 22, 1936

19. UNDERTAKER

(Address)

Dr. C. Brooks  
Sparks, Md.

20. FILED

Oct 22, 1936

Francis C. Blake  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

10  
(Month)22  
(Day)1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

10-22, 1936, to 10-22, 1936

I last saw him alive on 10-22, 1936; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature birth  
5 months

Date of onset

Other Contributory Causes of Importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Dr. Dr. Clementine  
Sparks, Md.  
(Address) M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10131

## 1. PLACE OF DEATH

County. Baltimore

Village or City. Mt. Wilson

Length of residence in city or town where death occurred 0 yrs. 0 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME. Mrs. Mildred Michael

(a) Residence: No. 3806 Fairview Avenue

(Usual place of abode)

Registration Dist. No. 32

No. Mt. Wilson Branch  
Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

George R. Michael

6. DATE OF BIRTH (month, day, and year) August 28th, 1909

7. AGE Yaars Months Days If LESS than  
27 1 8 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Wheeling, W. Va.

13. NAME Robert L. Heiser

14. BIRTHPLACE (city or town)  
(State or country) Wheeling, W. Va.

15. MAIDEN NAME Flora Richards

16. BIRTHPLACE (city or town)  
(State or country) Martinsburg, W. Va.17. INFORMANT Louis L. Schuerholz  
(Address) Mt. Wilson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Data Oct 8, 1936

19. UNDERPAKER John Mitchell Sons  
(Address) 1900 Eutaw Place

20. FILED 10/7/1936 E. E. Michael

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 6th, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept. 7th, 1936, to Oct. 6th, 1936.

I last saw her alive on Oct. 6th, 1936; death is said to have occurred on the date stated above, at 9:35 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset 1932

## Other Contributory Causes of importance:

Laryngeal tuberculosis

1932

Intestinal tuberculosis

Aug. 1936

Name of operation No operation Date of

What test confirmed diagnosis? X-ray, and Was there an autopsy? No  
tubercle bacilli were found in sputum

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Smith M. D.

(Address) Mt. Wilson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10132

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore

23

Registration Dist. No. 38

Village or City LUDOWOOD SANATORIUM, TOWSON, MD.

St., Ward

Length of residence in city or town where death occurred 3 yrs. 4 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME James Miller

(a) Residence: No. 23 S. Dorham  
(Usual place of abode)

St., Ward.

Baltimore

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Freida Miller

6. DATE OF BIRTH (month, day, end year) September 26, 1800

7. AGE Years Months Days If LESS than 36 1 0 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tailor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Shirt Factory

10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Maryland

13. NAME Charles Miller

14. BIRTHPLACE (city or town) New York City  
(State or country)

15. MARRIED NAME Mary Patterson

16. BIRTHPLACE (city or town) Baltimore  
(State or country) MarylandHospital records—Personal History  
INSTITUTION Sanatorium, Towson, Md.  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place: Baltimore Date: Oct. 26, 193619. UNDERTAKER Henry Tryer  
(Address) 1203 W. Saratoga20. FILED Oct. 26, 1936  
Deputy Clerk Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH October 26

(Month)

(Day)

, 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from July 21, 1936, to October 26, 1936. Last saw him alive on October 26, 1936; death is said to have occurred on the date stated above, at 1 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis  
Date of onset May 1931

## Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis X-ray Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Bridges

(Address) Towson, Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 9 1936	1915
Cerebral hemorrhage	U. S.	1921

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones	NOV 9 1936	July 5, 1927
	U. S.	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis	NOV 9 1936	May 1, 1923
	U. S.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10133

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Parkton

820

Registration Dist. No.

35

St.,

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

John Thomas Miller

(a) Residence: No.

York Road

(Usual place of abode)

If U. S. Veteran, specify WAR

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Sarah Miller

6. DATE OF BIRTH (month, day, and year)

February 4, 1850

7. AGE Years Months Days If LESS than

86 8 24 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

labored

12. BIRTHPLACE (city or town)  
(State or country)

Parkton

Maryland

13. NAME

Thomas Miller

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

Sarah Marshall

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

Sarah Marshall

17. INFORMANT

(Address)

Mrs. Elva Armacost

Parkton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Heretford Baptist Church

Data Oct 30, 1936

19. UNDERTAKER

(Address)

E. Le Roy Stiffler, Inc.

125 E North Ave. Baltimore, Md.

20. FILED

Oct 29th, 1936

Malvina Boren, M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct  
(Month)28  
(Day)1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on Die before any anniversary death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Central Hemorrhage

Oct 28

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Malvina Boren, M.D.  
(Address) White Hall Rd. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

NOV 17 1936	1936

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

1936	1936

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10134

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore  
Village or City Arbutus

Length of residence in city or town where death occurred 20 yrs. mos. ds.

131

Registration Dist. No. 42

142

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Frederick Dr Miller(a) Residence: No. Forest Ave - Arbutus St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Frederick Miller

6. DATE OF BIRTH (month, day, end year) Nov-28-1853

7. AGE <u>82</u> Years	Months <u>11</u>	Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home  
10. Date deceased last worked at this occupation (month and year) 11-30-36

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Switzerland  
(State or country)

13. NAME August Treffer  
MOTHER FATHER

14. BIRTHPLACE (city or town) Switzerland  
(State or country)15. MAIDEN NAME Mary ?16. BIRTHPLACE (city or town) Switzerland  
(State or country)17. INFORMANT August Treffer back  
(Address) 1st - ave - Arbutus18. BURIAL, CREMATION, OR REMOVAL  
Place New Cathedral Date Nov 3/3619. UNDERTAKER F. B. Chapman & Sons  
(Address) 1308 Eager Place20. FILED Nov 2, 1936 Inst. by Regina

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 30(Month) Oct (Day) 30 (Year) 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936 to Oct 30, 1936I last saw him alive on April 12, 1936; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial  
insufficiency.  
Arteria

## Other Contributory Causes of Importance:

Coronary - renal vascular  
disease.  
Arteritis.  
15 yrs.

Name of operation None Date of 1936What last confirmed diagnosis? Labyrinth Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1936Where did injury occur? No

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify James W. Nelson(Signed) James W. Nelson M. D.(Address) 1120 28th Street

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED DEC 3 1926	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
Dr. J. W. Debeau	BUFFALO, N. Y. 710	

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10135

## 1. PLACE OF DEATH

County Baltimore

Registration Dist. No. 30

Village or City Catonsville, Md.

Ward

Length of residence in city or town where death occurred yrs.

3 m. 25 d. How long in U. S. if of foreign birth? yrs. mos. d.

## 2. FULL NAME Mohan, Elizabeth

(a) Residence: No. 1126 Barclay Street

If U. S. Veteran, specify WAR

(Usual place of abode)

St. Ward Baltimore, Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1, 1883

7. AGE	Years	Months	Days	If LESS than
53		8	27	1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 4 yrs. ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland  
(State or country)

13. NAME James Mohan

14. BIRTHPLACE (city or town) Ireland  
(State or country)

15. MAIDEN NAME Mary Burns

16. BIRTHPLACE (city or town) Ireland  
(State or country)17. INFORMANT Jane Mohan  
(Address) 907 Lake Avenue, Balto., Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Frostburg Md Date 10/29, 193619. UNDERTAKER W. Cook  
(Address) 1217 St. Paul St.

20. FILED 10/28/36 At the hands of Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 28  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 3, 1936, to Oct. 28, 1936

I last saw her alive on October 27, 1936; death is said to have occurred on the date stated above, at 3:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Arteriosclerosis

?

Inanition

July, 19

Broncho-pneumonia

Oct. 25, 1936

Other Contributory Causes of Importance:

Depression

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following: NO

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Dean A. Clark M. D.  
(Address) Spring Grove St. Hosp.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 7 1936	July 5, 1927

Other contributory causes of importance:

Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10136

## 1. PLACE OF DEATH

County BaltimoreVillage or City Essex

Registration Dist. No.

(82-0)

44

St. Delaware Ave WardLength of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? 70 yrs. mos. ds.2. FULL NAME Louise E. Neuman(a) Residence: No. 7 Taylor road Delaware Ave St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Widowed</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Gottlieb Neuman

6. DATE OF BIRTH (month, day, and year) <u>Feb 19 - 1847</u>	7. AGE Years <u>89</u>	Months <u>8</u>	Days <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
--	------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
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13. NAME <u>not known</u>
14. BIRTHPLACE (city or town) (State or country) <u>not known</u>

15. MAIDEN NAME <u>not known</u>
16. BIRTHPLACE (city or town) (State or country) <u>not known</u>

17. INFORMANT <u>Frederick Neuman</u>
(Address) <u>Essex</u>

18. BURIAL, CREMATION, OR REMOVAL
Place <u>1st Evans Cemetery</u> Date <u>Nov. 2</u> , 1936

19. UNDERTAKER <u>George W. Dinkler</u>
(Address) <u>1737 E. Essex St.</u>

20. FILED <u>10/31/36</u>	<u>John S. Cornell</u>
	Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 20 (Month) 30 (Day), 1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 20, 1936, to Oct. 30, 1936I last saw her alive on Oct. 30, 1936; death is saidto have occurred on the date stated above, at 7:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

10/20/36

## Other Contributory Causes of Importance:

Name of operation None Data ofWhat test confirmed diagnosis? Chi. Guido Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signad) J. J. White M. D.(Address) Essex, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	NOV 7 1936	1921
Cerebral hemorrhage	V. S.	July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10137

## 1. PLACE OF DEATH

County Baltimore

Village or City Villa Nova

47-A

Registration Dist. No. 32

St.

Ward

No. Private Home

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME John P. O'Conner

If U. S. Veteran, specify WAR

(a) Residence: No. 412 F. St. Sparrows Pt.  
(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Annie O'Conner

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE 70	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Steel Worker	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>	11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)  
(State or country) Ireland

13. NAME Phillip O'Conner

14. BIRTHPLACE (city or town)  
(State or country) Ireland

15. MAIDEN NAME U. known

16. BIRTHPLACE (city or town)  
(State or country) Ireland17. INFORMANT Wm. Donovan  
(Address) 110 Ventnor Terrace18. BURIAL, CREMATION, OR REMOVAL  
Place Cathedral Cem. Date Oct. 8, 193619. UNDERTAKER John Ullrich  
(Address) 2008 Orleans

20. FILED 10/6/1936 E E Michaels

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 5  
(Month) (Day), 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from May 25, 1936, to October 5, 1936.

I last saw him alive on October 1, 1936; death is said to have occurred on the date stated above, at 11 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Larynx

Date of onset  
1934

## Other Contributory Causes of importance:

Name of operation Laryngectomy Date of 1935

What test confirmed diagnosis Pathological Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. E. Michaels M. D.  
(Address) Pikesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

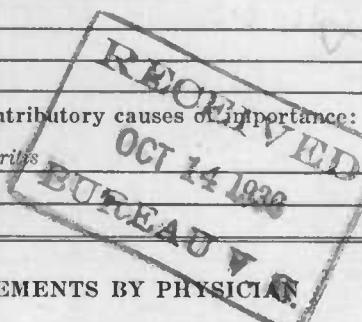
The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10138

## 1. PLACE OF DEATH

County Baltimore  
Village or City Catoonsville

82a

Registration Dist. No.

30

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 19 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Captain Pope RegisterRegister Pope(a) Residence: No. 913 Hamilton Terrace St. Balto Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofCorra Pope

## 6. DATE OF BIRTH (month, day, and year)

7. AGE Years <u>50</u>	Months <u>2</u>	Days <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
---------------------------	-----------------	----------------	--

July 16, 1886

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Bonding Co12. BIRTHPLACE (city or town)  
(State or country)Balto  
md13. NAME George PopeBalto  
md14. BIRTHPLACE (city or town)  
(State or country)George  
md15. MAIDEN NAME Rose UpshurGeorge  
md16. BIRTHPLACE (city or town)  
(State or country)George  
md17. INFORMANT wife  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Arlington Nat Cem Date Oct 13, 193619. UNDERTAKER Kenny McLeankins of mo Co  
(Address) 33 E. Chestnut Orchard St20. FILED Oct 12, 1936 Marshall B. Bost  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 11

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb 22, 1933, to Oct 11, 1936.I last saw him alive on Oct 11, 1936; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General ParalysisPrimary Cause: Cerebral hemorrhages  
Convulsion, three days before death.

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. R. Dwyer, Jr. M. D.  
(Address) Catoonsville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death; not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Ran over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Marshall Hefner  
Physician in Calmarilla

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10139

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Hyde Park M.D.

Length of residence in city or town where death occurred

yrs. 10 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

92

Registration Dist. No. 10139

Ward

## 2. FULL NAME

Louis Price(a) Residence: No. Poplar Rd. Hyde Park St., Ward.

(Usual place of above)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male Colored

Married

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Matilda Price

6. DATE OF BIRTH (month, day, and year)

March 18 73

7. AGE

Years

63

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Laborer

12. BIRTHPLACE (city or town)

(State or country)

BaltimoreCounty

13. NAME

Louis Price

14. BIRTHPLACE (city or town)

(State or country)

Bank Riverdale Rd.Baltimore Co.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Virginia

17. INFORMANT

(Address)

Edward DavisHyde Park M.D.

18. BURIAL, CREMATION, OR REMOVAL

Place St StevensDate 10/28 19 36

19. UNDERTAKER

(Address)

Elmer Wilson1000 Brantley Ave.

20. FILED

(Address)

10/27, 1936John G. Connally

Registrar

## 21. DATE OF DEATH

October

(Month)

26

(Day)

1936

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

, 19, 19, 19I last saw him alive on , 19; death is said to have occurred on the date stated above, at 10:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

death was due to old age and general complicationsChronic myocarditis. CerebralArteritis. Not stated.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Joseph F. Gossenberger(Address) Baltimore, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*change in length of residence made to agree with age  
given below*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10140

## 1. PLACE OF DEATH

County

Baltimore

120

Registration Dist. No.

44

Village or City

Colgate manse

St.

Ward

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Bird River Grove Rd.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

dec 19-1932

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

3

10

- 1

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct 29, 1936

19. UNDERTAKER

(Address) Fred Lassahn &amp; Son

20. FILED

(Address) 740 1 Belair Rd.

10/27, 1936 John J. Connelly

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 26, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. 19, to 19. ; death is said  
to have occurred on the date stated above, at m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Dyspnoea  
Stud deer

Date of onset

Other Contributory Causes of importance:

Mental Defects  
(Congenital)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Wallace M. D.

(Address) Rosswood Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	9961 4 NOV
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10141

## 1. PLACE OF DEATH

County Baltimore

82-a

Registration Dist. No. 30

Village or City Catonsville

Length of residence in city or town where death occurred 5 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Adeline Reimeikis

(a) Residence: No. Baltimore, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
(or) WIFE of Madeline Reimeikis.

6. DATE OF BIRTH (month, day, and year) unknown 1876

7. AGE Years 60	Months	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year) Sept 1936

12. BIRTHPLACE (city or town)  
(State or country) Lithuania

13. NAME ? Reimeikis

14. BIRTHPLACE (city or town)  
(State or country) Lithuania

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town)  
(State or country) Lithuania17. INFORMANT Records of Spring Grove State Hospital  
(Address) Catonsville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Holy Redeemer Date Oct. 1 193619. UNDERTAKER John Gellman  
(Address) 23 S. Paca, St.20. FILED 1936 1936 At Standard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH October 4th, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from December 24, 1930, to October 4th, 1936.

I last saw him alive on October 3d, 1936; death is said to have occurred on the date stated above, at 5:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio Sclerosis; general

Cerebral hemorrhage

Other Contributory Causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Silas J. Gellman M. D.  
(Address) Catonsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset	
Chronic interstitial nephritis	1921		
Cerebral hemorrhage	July 5, 1927		
NOV 7 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10142

## 1. PLACE OF DEATH

County Baltimore  
Village or City Towson

93-2

Registration Dist. No. 38St. WardLength of residence in city or town where death occurred 9 yrs mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs mos. 0 ds.

## 2. FULL NAME

J. Farnell Roche(a) Residence: No. 9 ShealeySt. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofLula. Setnick

## 6. DATE OF BIRTH (month, day, and year)

Aug 6-1884

## 7. AGE

Years 52Months 2Days 15If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Baltimore Co. Md.

## MOTHER FATHER

## 13. NAME

Thos. Roche

## 14. BIRTHPLACE (city or town)

(State or country)

Baltimore Co. Md.

## 15. MAIDEN NAME

Mary Staeling

## 16. BIRTHPLACE (city or town)

(State or country)

Md.

## 17. INFORMANT

(Address)

Mrs. C. P. Roche.9 Shealey Ave

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Requited St. Cem.

Date

10/3/31

1931

## 19. UNDERTAKER

(Address)

J. J. Dally & Sons

## 20. FILED

(Address)

Oct 11, 1936W. L. Williams, ClerkDeputy ClerkRegistrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 21

(Month)

(Day)

1936  
(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from Aug 25 to Oct 21, 1936I last saw him alive on Oct 21, 1936; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Upper abdominal Discomfort.

Date of onset

acute.

## Other Contributory Causes of importance:

Arteriosclerosis.

acute.

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 1936

## Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

## If so, specify

(Signed)

(Address)

John G. Goss

M. O.

Lessor

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	NOV 3 1936
Chronic interstitial nephritis	V. 1921

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10143

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Bustystown mdLength of residence in city or town where death occurred 15 yrs.

(50)

Registration Dist. No.

B 3

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.2. FULL NAME Bessie J. Runkles(a) Residence: No. 27 Main St

St., Ward.

## (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofWm. H. Runkles

6. DATE OF BIRTH (month, day, and year)

Oct 10 1878

7. AGE

Years

58

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Penna.

MOTHER

FATHER

13. NAME Henry Baker14. BIRTHPLACE (city or town)  
(State or country)Penna15. MAIDEN NAME Mary Stener16. BIRTHPLACE (city or town)  
(State or country)Penna17. INFORMANT Mary Runkles(Address) Bustystown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cem. Date Nov. 2, 193619. UNDERTAKER J. E. Linn & Sons(Address) Bustystown Md20. FILED Nov. 1, 1936I, J. E. Linn, Registrar.

## 21. DATE OF DEATH

Oct  
(Month)30  
(Day)1936  
(Year)

## 22. I HEREBY CERTIFY That attended deceased from

June 1 34 Oct 30 1936  
I last saw her alive on Oct 30, 1936; death is said  
to have occurred on the date stated above, at 5:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Barangoma of  
breast  
Data of onset 23 yrs

## Other Contributory Causes of Importance:

Cachexia & metastasis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. E. Linn & Sons  
Bustystown, Md

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED NOV 3 1936 BUREAU U. S.	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10144

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Newford

Length of residence in city or town where death occurred 80 yrs, 8 mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary Etta Ryan

(a) Residence: No.

Newford

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Thomas A Ryan

6. DATE OF BIRTH (month, day, end year)

Jan. 12, 1856

7. AGE Years Months Days If LESS than  
80 8 21 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jan. 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Mt. Carmel  
Balto Co., Md

13. NAME

Alfred Werner

14. BIRTHPLACE (city or town)  
(State or country)Mt. Carmel  
Balto Co., Md

15. MAIDEN NAME

Caroline Sutich

16. BIRTHPLACE (city or town)  
(State or country)Mt. Carmel  
Balto Co., Md17. INFORMANT  
(Address)Mr. John Seigert  
Parlton Balto Co., Md18. BURIAL, CREMATION, OR REMOVAL  
Place

Mt. Carmel Date Oct 5, 1936

19. UNDERTAKER  
(Address)Wm. G. Bush & Son  
Balto, Md.20. FILED  
Oct 3rd, 1936Mabel Portnoy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 2

(Month)

Oct. 2

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 1, 1936, to Oct. 2, 1936

I last saw him alive on Oct. 2, 1936; death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tremor

Date of onset

9/20/36

Other Contributory Causes of Importance:

Chronic nephritis

Chronic hypertension

Generalized arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Lawrence M. D.

(Address) Parkton, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 7 1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10145

## 1. PLACE OF DEATH

County Baltimore

46-C

Registration Dist. No. 30

Village or City Catonsville

No. 49 Brook Road St. Ward

Length of residence in city or town where death occurred 1 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 49 Brook Road St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of

Eduard P. Saenger

6. DATE OF BIRTH (month, day, and year)

Oct 7 1898

7. AGE 37	Years 11	Months 11	Days 26	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, LAWYER, BOOKKEEPER, etc. Steam Litter	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Eduard P. Saenger Co.	
10. Date deceased last worked at this occupation (month and year) ?	11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town)  
(State or country) Baltimore Maryland

13. NAME Eduard P. Saenger

14. BIRTHPLACE (city or town)  
(State or country) Baltimore Maryland

15. MARIEN NAME Ida Myers

16. BIRTHPLACE (city or town)  
(State or country) Baltimore Maryland17. INFORMANT Eduard P. Saenger Jr.  
(Address) 49 Brook Road18. BURIAL, CREMATION, OR REMOVAL  
Place Rosemont Park Date Oct. 5, 193619. UNDERTAKER F. B. Shippert & Son  
(Address) 1300 Eutaw Place20. FILED 10-5, 1936 H. G. Gress  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct - 2 - 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 2, 1936, death is said

I last saw him alive on Oct 2, 1936, death is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of death: Circumstances of death: 10/1 1936

Other Contributory Causes of importance: Circumstances of death: 10/1

Name of operator: Proctologist Date of: Was there an autopsy? No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James P. Saenger, M.D.  
(Address) 721 McDaniel Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows: **E I V E S**

Arteriosclerosis	<b>OCT 23 1936</b>	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	<b>BUREAU V. S.</b>	July 5, 1927

Other contributory causes of importance:

Gallstones **wrm**

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10146

## 1. PLACE OF DEATH

County BaltimoreVillage or City Baltimore Md

(131)

Registration Dist. No. 38Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Katherine Schmidt(a) Residence: No. Ridge Ave

(Usual place of abode)

St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>W.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of 

6. DATE OF BIRTH (month, day, and year)

Aug 5 1858

7. AGE Years <u>78</u>	Months <u>2</u>	Days <u>2</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housework

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

at home

1931

10. Date deceased last worked at this occupation (month and year)

1921

11. Total time (years) spent in this occupation

1931

12. BIRTHPLACE (city or town)  
(State or country)Baltimore Md

1931

13. NAME John Schmidt14. BIRTHPLACE (city or town)  
(State or country)Germany

1931

15. MAIDEN NAME Margaret Waehler16. BIRTHPLACE (city or town)  
(State or country)Germany

1931

17. INFORMANT Martha Schmidt  
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baldwin Park Date Oct 9/36 19

1936

19. UNDERTAKER John Schmidt  
(Address) 1217 St Paul St20. FILED 10/7, 1936 A. M. Bacon  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 7th(Month) Oct (Day) 7 (Year) 1936

22. I HEREBY CERTIFY That I attended deceased from

Sept 23, 1936, to Oct 7, 1936I last saw her alive on Oct 6, 1936; death is said to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chr. Intestinal neoplasm 1931  
Sensitivity 1931  
Arteriosclerosis 1931

Other Contributory Causes of importance:

Name of operation none Date of 1936What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury 1936

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify 

(Signed) S. A. Alexander M. D.  
 (Address) 6217 Haiford Rd Baltimore Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<i>NOV 3 1938</i>	
Other contributory causes of importance:	
Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10147

## 1. PLACE OF DEATH

County, BaltimoreVillage or City, Sparrow PointLength of residence in city or town where death occurred 3 yrs.No. 230 DRegistration Dist. No. 1-11St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Bessie Adora Sheely(a) Residence: No. 230 D.St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofWilliam R Sheely

6. DATE OF BIRTH (month, day, and year)

Jan 3 1884

7. AGE Years <u>51</u>	Months <u>09</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Housework at</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Home</u>	
10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town)  
(State or country) Carroll Comd13. NAME Charles Repp14. BIRTHPLACE (city or town)  
(State or country) Md15. MAIDEN NAME Adora Naile16. BIRTHPLACE (city or town)  
(State or country) Md17. INFORMANT William R Sheely  
(Address) 230 D St18. BURIAL, CREMATION, OR REMOVAL  
Place Parkwood Date Oct 14, 193619. UNDERTAKER John D. Dugay  
(Address) 915 24th St20. FILED Oct 13<sup>th</sup>, 1936 John D. Dugay M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 10  
(Month)  
(Day), 1936  
(Year)22. I HEREBY CERTIFY. That I attended deceased from Oct 9<sup>th</sup>, 1936, to Oct 10, 1936.I last saw her alive on Oct 10, 1936; death is said to have occurred on the date stated above, at 9:35 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute MyocarditisDate of onset  
Oct 9<sup>th</sup>  
36

Other Contributory Causes of Importance:

ChalocystitisName of operation Laparotomy Date of 1 year agoWhat test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) G. W. Garrison M. D.  
(Address) Sparrow Point

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	Sept. 1921
Cerebral hemorrhage	July 5, 1927

RECEIVED NOV 7 1936

BUCKELEY V. S. 1921

July 5, 1927

Other contributory causes of importance:

Gallstones May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED NOV 7 1936

BUCKELEY V. S. 1921

July 5, 1927

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10148

## 1. PLACE OF DEATH

County. Baltimore

52

Registration Dist. No. 42

Village or City Englewood

St.

Ward

Length of residence in city or town where death occurred 22 yrs.

No. Daisy Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Ezekiel Shipley

(a) Residence: No. Daisy Ave &amp; Hollins Ferry Rd. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
 HUSBAND of Laura V. Shipley  
 (or) WIFE of Laura V. Shipley

6. DATE OF BIRTH (month, day, and year) March 26, 1849

7. AGE Years 87	Months 6	Days 24	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. Retired Carpenter  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) Carroll County  
 (State or country) Maryland

13. NAME Ezekiel Shipley

14. BIRTHPLACE (city or town) Carroll County  
 (State or country) Maryland

15. MAIDEN NAME Miranda Barnes

16. BIRTHPLACE (city or town) Carroll County  
 (State or country) Maryland17. INFORMANT Mrs. Musa E. Holland  
 (Address) Daisy Ave & Hollins Ferry Rd.18. BURIAL, CREMATION, OR REMOVAL  
 Place Mt. Olivet Cem. Date Oct. 21st, 193619. UNDERTAKER Lazarus D. Cook  
 (Address) 1003 N. Baltimore St.20. FILED At 20, 1936 by G. Sieffer  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Oct 19, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 4, 1936, to Oct 18, 1936

I last saw him alive on Oct 18, 1936; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Principal cause of death, Primary is the connective tissue of the hands. Date of onset 5 mo.

Other Contributory Causes of importance:

Secondary 2 weeks.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond J. Glenn M. D.

(Address) 1708 Hollins Ferry Rd.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County. Baltimore

Village or City Englewood

Length of residence in city or town where death occurred 22 yrs.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (month, day, and year) March 26, 1849

7. AGE Years 87

Months 6

Days 24

IF LESS than  
1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. Retired Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) Carroll County  
(State or country) Maryland

13. NAME Ezekiel Shipley

14. BIRTHPLACE (city or town) Carroll County  
(State or country) Maryland

15. MAIDEN NAME Miranda Barnes

16. BIRTHPLACE (city or town) Carroll County  
(State or country) Maryland

17. INFORMANT Mrs. Musa E. Holland  
(Address) Daisy Ave & Hollins Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Olivet Cem. Date Oct. 21st, 1936

19. UNDERTAKER Lazarus D. Cook  
(Address) 1003 N. Baltimore St.

20. FILED At 20, 1936 by G. Sieffer  
Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	NOV 2 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 10149

## 1. PLACE OF DEATH

County

Baltimore  
Lutherville

13-

Registration Dist. No.

37

St.

Ward

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Helena Marie Shrock

(a) Residence: No. 1000 Lumenary Ave.

If U. S. Veteran, specify WAR NO.

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec 15<sup>th</sup> 19317. AGE Years Months Days If LESS than  
4 10 13 1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. none  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month and  
year) -11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Lutherville  
Md.13. NAME Charles Edward Shrock  
Baltimore Co  
Md.14. BIRTHPLACE (city or town)  
(State or country) Baltimore Co  
Md.

15. MAIDEN NAME Helena Brooks

16. BIRTHPLACE (city or town)  
(State or country) Baltimore Co  
Md.17. INFORMANT Mrs. Margaret Barner  
(Address) Timonium Baltimore Co18. BURIAL, CREMATION, OR REMOVAL  
Place Laters Date Dec 31<sup>st</sup>, 193119. UNDERTAKER John Burns & Sons  
(Address) Towson Md.20. FILED Dec 30, 1936 William J. Blakely  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 28  
(Month) (Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 28, 1936 to Dec 29, 1936.  
I last saw her alive on Dec 28, 1936; death is said  
to have occurred on the date stated above, at 1:45 p.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Dysentery - Acute. 1/2

Bacillary dysentery. 1/2  
Diarrhea. 1/2

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signad)

(Address)

Hurteller J. M. D.  
Towson Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	DEC 4 1936	1921

Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10150

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Baltimore  
Village or City Loreley

Length of residence in city or town where death occurred

(131) 44

Registration Dist. No.

St. Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Sylvester J. Biford

(a) Residence: No. Red Line Rd. St. Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov. 10, 1904

7. AGE <u>31</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>10</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1936 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Baltimore Co. Md.  
(State or country)13. NAME Sylvester Biford  
14. BIRTHPLACE (city or town) Carlisle, Eng.  
(State or country)15. MAIDEN NAME Harriet Powell16. BIRTHPLACE (city or town) Eng.  
(State or country)17. INFORMANT Sylvester Biford  
(Address) Red Line Rd.18. BURIAL, CREMATION, OR REMOVAL  
Place Prospect Hill Date Oct. 9, 193619. UNDERTAKER Frederick Lazarus & Son  
(Address) 7401 Belair Rd.20. FILED Oct. 7, 1936 John S. Connally  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Feb. 3, 1936 to Oct. 6, 1936I last saw him alive on Sept. 1, 1936 death is said to have occurred on the date stated above at 9:30 A.M.

THE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial  
Insufficiency

Other Contributory Causes of Importance:

Diarrhoea  
repeated

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) C. W. Mac M. D.(Address) Prospect Hill

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 7 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 7 1936	July 6, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10151

## 1. PLACE OF DEATH

County Baltimore

93

Registration Dist. No.

XX 33

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

2. FULL NAME Miranda Rebecca Simonds

(a) Residence: No.

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1851

7. AGE <u>85</u>	Years	Months <u>7</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Arlington, Maryland  
(State or country)13. NAME Joseph Simonds14. BIRTHPLACE (city or town) (Don't know)  
(State or country)15. MAIDEN NAME Elizabeth Whiteford16. BIRTHPLACE (city or town) Hayford Co.  
(State or country) Maryland17. INFORMANT Fannie M. Simonds  
(Address) Owings Mills, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Arlington Md. Date Oct. 5, 193619. UNDERTAKER Mr. Howard K. McComas  
(Address) Arlington, Md.20. FILED Oct 3, 1936 Drummond  
Registrar.

No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward. \_\_\_\_\_  
How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. 2  
(Month) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 20 to Oct. 2, 1936

I last saw her alive on Sept. 20, 1936; death is said to have occurred on the date stated above, at 11:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis  
Duration: 1 1/2 years. Causes: Diarrhea

Other Contributory Causes of importance:

Cerebral arteriosclerosis  
diarrhea

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James G. Saffell M. D.

(Address) Persius Doctor, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 3 1936	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10152

## 1. PLACE OF DEATH

County Baltimore  
Village or City Towson Md.

922

Registration Dist. No. 38

38

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Louise Henry Sisson

(a) Residence: No. 104 Willow ave. St. Ward.

If U. S. Veteran, specify WAR no

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced  
HUSBAND or  
(or) WIFE of

Rosetta Allison Sisson

## 6. DATE OF BIRTH (month, day, and year)

May 15 1875

## 7. AGE

Years <u>69</u>	Months <u>4</u>	Days <u>27</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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## 8. OCCUPATION

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Florestard

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gardner

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Virginia  
Richmond Co.

13. NAME Louise Henry Sisson  
14. BIRTHPLACE (city or town)  
(State or country) Virginia  
Richmond Co.

15. MAIDEN NAME Willie Webb

16. BIRTHPLACE (city or town)  
(State or country) Virginia  
Richmond Co.

17. INFORMANT Rosetta Allison Sisson  
(Address)

18. BURIAL, CREMATION, OR REMOVAL  
Place Fork Christian Church Cemetery  
Date Oct 15 1936

19. UNDERTAKER John Burns Sons  
(Address) 1017 Belair Rd.

20. FILED Oct 14 1936  
Albion Van Hoy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

10 12, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1936, to 10-12, 1936

I last saw him alive on 10-12, 1936; death 10-12 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aortic Insufficiency

Cerebral Thrombosis

Date of onset 1936

9-4-36

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Natura of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Milton R. Haug M. D.

(Address) 2117 Belair Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

NOV 3 1928  
U. S. DEPT. OF COMMERCE

v. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago



Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10153

## 1. PLACE OF DEATH

County BaltimoreVillage or town Glyndon, Md

Length of residence in city or town where death occurred

yrs. mos. 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

No.

Registration Dist. No. 33

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary B. Slade

(a) Residence: No.

White Hall, Md

St.,

Ward.

Baltimore Co.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

Husband of  
(or) WIFE ofJ. Leonard Slade

6. DATE OF BIRTH (month, day, and year)

April 4, 1874

7. AGE

Years

62

Months

6

Days

6

If LESS than

1 day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Sawyer, Bookkeeper, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Saw Mill, Bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore Co.

(State or country)

Md.

MOTHER

FATHER

13. NAME Walter H. MorrisBaltimore Co.

(State or country)

Md.

14. BIRTHPLACE (city or town)

Baltimore Co.

(State or country)

Md.15. MAIDEN NAME Emma RichardsonBaltimore Co.

(State or country)

Md.

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT Mrs. J. L. Slade

(Address)

White Hall, Md

18. BURIAL, CREMATION, OR REMOVAL

Place BaltimoreDate Oct. 12, 193619. UNDERTAKER P. Marshall Low

(Address)

White Hall, Md20. FILED Oct. 14, 1936

J. R. R. P. A.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct101936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct. 9101936Oct. 9101936

I last saw her alive on

to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Intestinal Duplicatus1936

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) M. H. Boston M. D.(Address) White Hall, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 3 1936	1915
Cerebral hemorrhage	BUREAU V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10154

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

## 1. PLACE OF DEATH

County BaltimoreVillage or City White Marsh Fulterton No. Clementon Ave. Fulterton WardLength of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

468

Registration Dist. No. 43

2. FULL NAME William Smith(a) Residence: No. Clementon Ave.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
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5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Smith6. DATE OF BIRTH (month, day, end year) April 1st 1856

7. AGE <u>86</u> Years	Months <u>6</u>	Days <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Truck Farmer</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Maryland13. NAME Unknown14. BIRTHPLACE (city or town) Unknown  
(State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown  
(State or country) Unknown17. INFORMANT Paris West Apartments  
(Address) Fulterton Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Parkwood Cemetery, Date Oct. 12<sup>th</sup> 193619. UNDERTAKER Frederick Bassham & Sons  
(Address) 7401 Belair Road20. FILED 10/10/36 S. D. Fitzgerald  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 8<sup>th</sup>

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 10, 1935, to Oct 8, 1936I last saw him alive on Oct 8, 1936; death is said to have occurred on the date stated above, et 2:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Data of onset

Carcinoma of liver  
Secondary anemia 15 months

Other Contributory Causes of importance:

Intrahepatic obstruction Oct 5-36Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physical signs Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

M. D.

W. W. W. W.Quincy Mo.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 3 1930	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10155

## 1. PLACE OF DEATH

County Baltimore  
Village or City Louisville

948

Registration Dist. No.

38

St., Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth?    yrs.    mos.    ds.2. FULL NAME Taylor St. Stevens(a) Residence: No. 1020 St. Med.  
(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5e. If married, widowed or divorced  
HUSBAND of  
(or) WIFE ofSarah Ellen Stevens6. DATE OF BIRTH (month, day, end year) unk. 18637. AGE 73 Years      Months      Deys      If LESS than  
1 day,      hrs.  
or      min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDONKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) May 15 193611. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Someford County  
West Virginia13. NAME Unknown14. BIRTHPLACE (city or town)  
(State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFIRMAT. William T. Stevens  
(Address) Tolson, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Place Ebenezer Cem. Date Oct 6, 193619. UNDERTAKER A. Reiley & Son  
(Address) 4907 York Road20. FILED 1015, 1936 A. M. Bacon  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 4, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 15, 1936 to Oct 2, 1936I last saw him alive on Oct 2, 1936; death is saidto have occurred on the date stated above, at 1 pm.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Occlusion

Date of onset

5 after

Other Contributory Causes of importance:

Arterio. dilatation &  
Hyper tension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10156

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County. Baltimore

Village or City. Woodlawn

Registration Dist. No. 23

31

No. 5200 Gwyndale Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME William Terry

(a) Residence: No. 5200 Gwyndale Ave., St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Martha Terry

6. DATE OF BIRTH (month, day, and year) May 30, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	75	4	18	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)

Machinist  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)  
(State or country) Pennsylvania

13. NAME William Terry

14. BIRTHPLACE (city or town)  
(State or country) Pa.

15. MAIDEN NAME Anna Falconer

16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFORMANT Mrs. Martha Terry  
(Address) 5200 Gwyndale Ave.,18. BURIAL, CREMATION, OR REMOVAL  
Place Cedar Hill Date Oct. 20, 193619. UNDERTAKER John J. Denny  
(Address) 715 Light St.

20. FILED 10/18, 1936 M. D. Buffer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Oct. 18, 1936

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 to Oct. 18, 1936

I last saw him alive on 9.10.1936; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis as diagnosed by Dr. C. H. [Signature]

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify G. W. Bestell M. D.  
(Signed) Acting Coroner  
(Address) 5200 Gwyndale Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	OCT 28 1930	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
		Attack of epilepsy
		Run over by street car
		Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

Unofficial

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Note: Attended by Dr. Chiropractor, M.D. It was caused by an industrial accident to defendant's back bone. The chiropractor probably discontinued the treatment because (A City Chiropractor filed a suit. (in Cooks, sole permanent - gaged Dr. H. H. Felt as Terrell.) but a County Chiropractor made them sue. He was to get a physician to reconstruct or disengage his M.D. and Plaintiff's attorney would not let him work on this case. (Plaintiff's attorney, Bartell, Mr. Denny, 10/26/36.) L.L.*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10157

## 1. PLACE OF DEATH

County Baltimore

Village or City Villa Nova

Length of residence in city or town where death occurred

93c

Registration Dist. No. 32

St., Ward

No. Essex Road

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mattie D. Tucker

If U. S. Veteran, specify WAR

(a) Residence: No. Essex Road, Villa Nova

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

W. Irvin Tucker

6. DATE OF BIRTH (month, day, and year) 1874, June 11

7. AGE Years 62	Months 3	Days 22	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housekeeper
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Maryland

13. NAME Wm. Henkle Norris

14. BIRTHPLACE (city or town)  
(State or country) Maryland

15. MAIDEN NAME Lydia Murray Dutton

16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Charles J. Freeman  
(Address) 813 Madison Ave.18. BURIAL, CREMATION, OR REMOVAL  
Place Forest Hills Date 9/5, 193619. UNDERTAKER Henry W. Jenkins  
(Address) Orchard & McGullough Sts.

20. FILED 10/3/1936 E. Nichols

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 2  
(Month) (Day), 1936  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
June 1st, 1936, to October 2, 1936

I last saw him alive on October 1, 1936; death is said

to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Chronic Myocarditis

?

Other Contributory Causes of importance:

Arthritis Deformans

25 yrs.

Name of operation None

Date of

What test confirmed diagnosis Clinical

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

8-6 Nichols  
(Signed) (Address) Elberon, Md. M. D.

Registrar.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	Nov 3 1926
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be printed EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Baltimore

Village or City Baltimore (No. ....

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 30

2 FULL NAME Agnes Jane Puttle

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word) Widowed

6 DATE OF BIRTH

August 31, 1860  
(Month) (Day) (Year)

7 AGE

76 yrs. 1 mos. 13 If LESS than  
1 day... hrs.  
ds. or... min. ?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Housewife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country) Baltimore Md

PARENTS

10 NAME OF  
FATHER Unknown

11 BIRTHPLACE  
OF FATHER  
(State or country) Unknown

12 MAIDEN NAME  
OF MOTHER Mary Jane Hunter

13 BIRTHPLACE  
OF MOTHER  
(State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John J. Meyers

(Address) 5707 Stewart Ave

15 Filed 10/14/36

192

Registrar

If more blanks are needed, address State Registrar

16 W. Saratoga St., Balt., Requesting V. S. No. 1

⑧

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

October 13, 1936  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Sept. 1, 1936, to Oct. 13, 1936

that I last saw h ~~she~~ alive on Oct. 13, 1936  
and that death occurred on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH & was as follows:

Myocarditis, Chr.  
Spinal Sclerosis  
Exhaustion

Contributory  
Secondary

Duration 2 yrs. 6 mos. 10 days de.

(Signed) John J. Meyers (Address) 5707 Stewart Ave M.D. 10/14/36

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury: and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. .... da. In the State, .... yrs. .... mos. .... da.

Where was disease contracted,  
if not at place of death?

Former or usual residence 5707 Stewart Ave. Mt. Washington

19 PLACE OF BURIAL OR REMOVAL

Broadway Park DATE OF BURIAL 10/15/36

20 UNDERTAKER

Joseph Syper ADDRESS 1600 W. North Ave.

10158

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Colton mill*; (a) *Salesman*, (b) *Crocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*Labover*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification as *Day laborer*, *Farm laborer*, *Labover*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmeide*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer*, *Retired* *6 yrs.*. For persons who have no occupation, whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “*Epidemic cerebrospinal meningitis*”); *Diphtheria* (avoid use of “*Croup*”); *Typhoid fever* (never report “*Typhoid pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*”)

OCT 21 1936

BUREAU OF THE UNITED STATES

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; “Cancer” is less definite; avoid use of “Tumor” for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anæmia*” (merely symptomatic), “*Atrphy*” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsy*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marasmus*,” “*Old Age*,” “*Shock*,” “*Urticaria*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*Puerperal septicemia*,” “*Puerperal peritonitis*,” etc. State cause for which surgical operation was undertaken. For violent deaths state **MEANS OF INJURY** and qualify as ACCIDENTAL, SUICIDE, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of “*contributory*.” (Recommendations on state-ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

1. WRITE IN  
ONLY  
WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate

## 1. PLACE OF DEATH

County Baltimore.

Village or City Raspeburg. (No. 12)

10159  
STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 43

946

2. FULL NAME Barbora Vedral

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow
Female	White	

## 6 DATE OF BIRTH

Oct. 15th, 1864.  
(Month) (Day) (Year)

## 7 AGE

72 yrs. \* mos. 11 ds. or min.?

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION  
 (a) Trade, profession or  
 particular kind of work Work at Home  
 (b) General nature of industry  
 business, or establishment in  
 which employed or (employer)

9 BIRTHPLACE  
(State or country)

Germany

10 NAME OF  
FATHER

James Caplan

11 BIRTHPLACE  
OF FATHER  
(State or country)

Germany

12 MAIDEN NAME  
OF MOTHER

Barbara Caplan

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Germany

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Vedral

(Address) 1039 Cold Spring Lane

15 Filed 10/27 1936 S. A. Fink, M.D.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Oct. 26th, 1936. \*\*\*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Oct. 18<sup>th</sup> 1936 to Oct. 26<sup>th</sup> 1936.that I last saw her alive on Oct. 26<sup>th</sup> 1936,  
and that death occurred on the date stated above, at .  
The CAUSE OF DEATH \* was as follows:Coronary Occlusion  
(Thrombosis)

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) Joseph Pokorney, M. D.

Oct. 27 1936 (Address) 2200 E. Madison

\* State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Oak Hill Cemetery

## 20 UNDERTAKER

Geo. M. Fink &amp; Son

## DATE OF BURIAL

Oct. 29th 1936.

## ADDRESS

811 N. Wolfe

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary engineer, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired 6 yrs.* For persons who have no occupation, whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cereospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by Jantholic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, yellowish pus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1936  
NOV 3

## State of Maryland --- Certificate of Death.

BALTIMORE

## CERTIFICATE OF DEATH

948

10160

## 1. PLACE OF DEATH

County

Baltimore: (No. 607 Regester Ave. Ward)

Length of residence in city or town where death occurred (years) 57 mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male White Widower

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of Catherine E. Wagner (or) WIFE of

## 6. DATE OF BIRTH (month, day, year)

May 18, 1863

7. AGE Years Months Days 73 4 28

1. LESS than  
1 day, .... hrs.  
or. .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Frankford on Main Germany

13. NAME Conrad Wagner

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT Mrs. Minna McQuay (Address) 110 Walnut Ave. Overlea

18. BURIAL CREMATION OR REMOVAL Place Monkton Md Date Oct. 19 1936

19. UNDERTAKER (Address) L. E. Techneel &amp; Sons

20. FILED Oct 17 1936

Registered No. 36

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 9<sup>th</sup> 1936 to Oct 16<sup>th</sup> 1936.I last saw him alive on Oct. 15<sup>th</sup> 1936. Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchitis Thrombosis Date of onset Oct. 9<sup>th</sup> 1936

Other contributory causes of importance:

Bronchitis Sclerosis with myocardiitis

Atherosclerosis

Was an operation performed? no Date of

For what disease or injury?

Physical injury Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Daniel L. Wagner, M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	OCT 10 1926	1915
Cerebral hemorrhage		1921
	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11/20/2023

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10161

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Baltimore

186-64

Registration Dist. No.

31

Village or City

Woodlawn

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

George Wagner

(a) Residence: No.

Rolling Road

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Florence J. Wagner

6. DATE OF BIRTH (month, day, and year)

March 17, 1871  
65 7 10If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

Farmer

12. BIRTHPLACE (city or town)  
(State or country)Maryland  
Unknown13. NAME  
MOTHER FATHER

Unknown

14. BIRTHPLACE (city or town)  
(State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT

Herbert E. Wagner  
(Address) Woodlawn, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive, Randallstown  
Date Oct. 30, 1936

19. UNDERTAKER

E. Levy & Liffler, Inc.  
(Address) 25 E. North Ave., Baltimore, Md.

20. FILED

10/29/36 M. J. Bupper  
Registr.

## 21. DATE OF DEATH

Oct 27  
(Month)  
(Day), 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct 26, 1936, to Oct 27, 1936

I last saw him alive on Oct 27, 1936; death is said  
to have occurred on the date stated above, at 7 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Accident  
Fracture of Ribs - Fracture  
of Femur - Blurred  
Urge KidneyDate of onset  
Oct 26

Other Contributory Causes of importance:

Name of operation Data of

What last confirmed diagnosis? Cancer Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Oct 26 Data of injury Oct 26, 1936

Where did injury occur? Falling from tree Hubbard  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Fracture of ribs &amp; falling from tree Hubbard

Manner of Injury Fracture of Femur

Nature of injury Fracture of Ribs - Blurred Kidney

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify an alone

(Signed) A. C. Lawrence M. D.

(Address) 4509 Galaxy Hts

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10162

## 1. PLACE OF DEATH

County

Balto.

Village or City

Rockdale

Length of residence in city or town where death occurred

18

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 31

108

No. Florida Rd and Liberty Rd Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Isabel H. Weed

(a) Residence: No.

Florida Rd

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Widowed

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

William B. Weed Sr.

6. DATE OF BIRTH (month, day, and year)

July 2<sup>nd</sup> 1849

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

87

2

29

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Housewife

At Home

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (city or town)

Balto. Md

(State or country)

13. NAME

John Hale

14. BIRTHPLACE (city or town)

Somerset Co. Md

(State or country)

15. MATURE NAME

Jane Bennett

16. BIRTHPLACE (city or town)

Balto.

(State or country)

17. INFORMANT

Wm. B. Weed Jr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Florida Ave-Rockdale

Place

Garrison Oct 3<sup>rd</sup>, 1936

19. UNDERTAKER

Wm. Cook

(Address)

20. FILED Oct 1, 1936

Wm. E. Martin

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 1<sup>st</sup>

(Month) (Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

June 19, 1932, to Oct 1, 1936

I last saw her alive on 9/30/36, 1936; death is said

to have occurred on the date stated above, at 305 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Date of onset

Pneumonia (hypertrophic)

3 day

Lobar pneumonia

Rupture

Other Contributory Causes of importance:

Chronic myocarditis. Duration: six years.  
Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James L. Saffell M. D.

(Address) Pershington Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	OCT 8 1930	1921
Cerebral hemorrhage	1927	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10163

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City RelayLength of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

(18)

Registration Dist. No. 42St. Ward2. FULL NAME Charles B. Welsh(a) Residence: No. Rolling Rd (Relay) St., Ward.  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Leffie F Welsh

6. DATE OF BIRTH (month, day, end year) <u>Oct 10 1857</u>	7. AGE Years <u>79</u>	Months <u>11</u>	Days <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION <u>Trade, profession, or particular kind of work done, as SPINNER, SPANNER, BOOKKEEPER, etc.</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Textile Forman</u>
10. Date deceased last worked at this occupation (month and year) <u>1926</u>	11. Total time (years) spent in this occupation <u>35 yrs</u>

12. BIRTHPLACE (city or town) Woodbine Md  
(State or country)13. NAME Joseph C Welsh14. BIRTHPLACE (city or town) Woodbine Md  
(State or country)15. MAIDEN NAME Tellie Zeppe16. BIRTHPLACE (city or town) Woodbine Md  
(State or country)17. INFORMANT Mrs Charles Welsh  
(Address) Rolling Rd Relay18. BURIAL, CREMATION, OR REMOVAL  
Place Relay Date Oct 10 193619. UNDERTAKER W. E. Person  
(Address) 1217 St Paul St20. FILED Oct 8, 1936 Surgeon  
(Signed) W. E. Person  
(Address) 1217 St Paul St M. D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 8 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 29 1936 to Oct 8 1936I last saw him alive on Oct 7 1936; death is said to have occurred on the date stated above, at 4:55 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic hepatitis Date of onset  
141  
Chronic myositis 24  
Arteriosclerosis 24

## Other Contributory Causes of Importance:

Name of operation none Date of noneWhat test confirmed diagnosis? Methane Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 19noneWhere did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) W. E. Person(Address) 1217 St Paul St M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 2 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

10164

## 1. PLACE OF DEATH

County Baltimore  
Village or City Baltimore Md.

948

Registration Dist. No. 38

St., Ward

Length of residence in city or town where death occurred 24 yrs.mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Alford Milton Whittle U.S. Veteran, specify WAR no(a) Residence: No. 606 Central Ave.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male White4. COLOR OR RACE married5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

April 1st 1878

Years

Months

Days

If LESS than  
1 day, 0 hrs.  
or 0 min.

## 7. AGE

58

5

19

## 8. OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stationary Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sommerlawn

10. Date deceased last worked at this occupation (month and year) Baltimore

11. Total time (years) Specified  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

## MOTHER

## FATHER

13. NAME Joshua T. Whittle14. BIRTHPLACE (city or town) Baltimore

(State or country)

15. MAREN NAME Elizabeth Schull16. BIRTHPLACE (city or town) Baltimore

(State or country)

17. INFORMANT Gulah Burton Whittle(Address) 606 Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Oct 22 193619. UNDERTAKER John R. Burns Sons(Address) 1000 Franklin Street20. FILED Oct 22 1936 Alford M. WhittleRegistrars Alford M. Whittle

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 20

(Month) 1936 (Year)

## 22. I HEREBY CERTIFY

That I attended deceased from Oct 10, 1936, to Oct 19, 1936I last saw him alive on Oct 19, 1936; death is said to have occurred on the date stated above, at 20 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Occlusion (catheter) 1 1/2 hrs.

## Other Contributory Causes of Importance:

Arteritis (cerebral) 20 hrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) John R. Burns M. D.(Address) 1000 Franklin Street

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10165

## 1. PLACE OF DEATH

County BaltimoreVillage or City Parkton, R. D. #2

46-B

Registration Dist. No.

33-

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 23 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Anna May Wilhelm(a) Residence: No. Parkton, Md. R. D. #2 St. \_\_\_\_\_

(Usual place of abode)

If U. S. Veteran, specify WAR \_\_\_\_\_

Ward.

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

Husband of  
(or) WIFE ofGeorge H. Wilhelm

6. DATE OF BIRTH (month, day, end year)

April 27, 1873

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

63

5

12

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) June 193611. Total time (years)  
spent in this  
occupation 44

12. BIRTHPLACE (city or town)

Hoffmaville, Md.

(State or country)

MOTHER

FATHER

13. NAME

Jacob Swan

14. BIRTHPLACE (city or town)

Maryland

(State or country)

15. MARRIED NAME

Hoffman

16. BIRTHPLACE (city or town)

Pennsylvania

(State or country)

17. INFORMANT

Geo. H. H. Wilhelm

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Burial Cemetery, Oct 12, 1936

PICK

Freeland Cemetery

19. UNDERTAKER

Paul N. Hartogberg

(Address)

New Freedom Pa

20. FILED

Oct 11, 1936 Lester L. Garrison

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct 9

(Month)

(Day)

1936  
(Year)22. I HEREBY CERTIFY That I attended deceased from  
January 3, 1936 to Oct 9, 1936  
last seen her alive on Oct 8, 1936, death is said  
to have occurred on the date stated above, at 7:30 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Carcinoma of  
Stomach

Other Contributory Causes of Importance:

Infection of  
stomach intestinesName of operation Laparotomy Date of Sept 12What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Frank J. Free M. D.  
(Address) Stuartstown Rd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10166

38

## 1. PLACE OF DEATH

County Balto.Village or City TowsonLength of residence in city or town where death occurred 25 yrs.

(46-2)

Registration Dist. No.

No. 320 Lenox Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME, instead of street and number)  
mos.      ds.      How long in U.S. if of foreign birth?      yrs.      mos.      ds.2. FULL NAME Nettie Winder(a) Residence: No. 320 Lenox Ave

(Usual place of abode)

If U.S. Veteran specify WAR

St.      Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F 4. COLOR OR RACE ColoredS. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofDaniel Winder

6. DATE OF BIRTH (month, day, and year)

Oct. 6 1886

Years      Months      Days

If LESS than  
1 day,      hrs.  
or      min.

50

28

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationHousewife

12. BIRTHPLACE (city or town)

(State or country)

Balto. Md

MOTHER FATHER

13. NAME

George Bond

14. BIRTHPLACE (city or town)

(State or country)

Harford Co

Date of onset

1935

15. MAIDEN NAME

Rubber Moore

16. BIRTHPLACE (city or town)

(State or country)

Balto. Co.

Date of

Physical findings

Was there an autopsy? no

17. INFORMANT

Essie M. Robinson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Congreen MdDate 11/11/1936

19. UNDERTAKER

Mrs. Frances A. Hemmely

(Address)

20. FILED

Oct 31 1936

Registrar.

## 21. DATE OF DEATH

Oct. 29th

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1935 to Oct 29th, 1936.I last saw h. 11 alive on Oct 29th, 1936; death is said  
to have occurred on the date stated above, at 12:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Concussion of Brain

Other Contributory Causes of importance:

Name of operation

Physical findings

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Daughter of Elmer J. Winder

(Signed)

M. D.

(Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED  
BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County BaltimoreVillage or City Pikesville

Length of residence in city or town where death occurred

940

Registration Dist. No. 32No. Overbrook Road Ward 30167

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Dr. William B. Wolf(a) Residence: No. Overbrook Road, Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofEmma Wolf

6. DATE OF BIRTH (month, day, and year)	May 2, 1869
7. AGE Years	67
	Months 5
	Days 29
	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION <u>Physician</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	<u>Germany</u>
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13. NAME <u>Wolf</u>	14. BIRTHPLACE (city or town) (State or country)
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MOTHER	15. MAIDEN NAME <u>Unknown</u>
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FATHER	16. BIRTHPLACE (city or town) (State or country)
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	17. INFORMANT <u>Mr. Charles M. Hurler</u> (Address) <u>Overbrook Road</u>
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	18. BURIAL, CREMATION, OR REMOVAL Place <u>Ches. Halom</u> Date <u>Nov. 2, 1936</u>
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	19. UNDERTAKER <u>David Longheim, Son</u> (Address) <u>1902 Eutaw Place</u>
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	20. FILED <u>11/11/36 86 method</u>
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

October 31, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from October 31, 1936, to October 31, 1936

I last saw him alive on Oct. 31, 1936; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial Insufficiency  
(Pulmonary Occlusion)

Date of onset

Oct. 31/36

## Other Contributory Causes of importance:

Coronary Thrombosis May 1936

Name of operation No Date of 1936What test confirmed diagnosis? No Was there an autopsy Yes23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury \_\_\_\_\_

## Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Joseph W. Kelly M. D.  
(Address) 300 Crossland Rd. - Dumont

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	DEC 2 1936	1915
Cerebral hemorrhage	RECEIVED V. L.	1921
		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

10168

## 1. PLACE OF DEATH

County BaltimoreVillage or City Catonsville

93-21

Registration Dist. No. 30St.  Ward Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S. if of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME Frank W. Young(a) Residence: No. Montrose

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.  Ward but a Clergyman ✓

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 20. 18677. AGE 69Years 2Months 2Deys 20If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Mechanic Retired9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. W.E. Church10. Date deceased last worked at  
this occupation (month and  
year) Aug. 193611. Total time (years)  
spent in this  
occupation 4012. BIRTHPLACE (city or town)  
(State or country) Illinois

MOTHER

FATHER

13. NAME Abraham Young14. BIRTHPLACE (city or town)  
(State or country) Illinois15. MAIDEN NAME Frances M. Smith16. BIRTHPLACE (city or town)  
(State or country) Reading, England17. INFORMANT Frank W. Young(Address) 15 Montrose Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL

(Place) Bethany(Date) 10/6/3619. UNDERTAKER Wilhelm J. Corp(Address) 1214 St. Paul St.20. FILED 10/12/36(Year) 1936

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH OCTOBER 10(Month) OCTOBER (Day) 10 (Year) 193622. I HEREBY CERTIFY That I attended deceased from SEPT. 5, 1936, to OCTOBER 9, 1936.I last saw h. 1 P.M. alive on OCT. 9, 1936; death is said  
to have occurred on the date stated above, at 10 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:ACUTE MYOCARDITIS

Date of onset

Aug 15-36

Other Contributory Causes of importance:

Name of operation

ELECTROCARDIOGRAM

Date of  
Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ARTHUR J. DAVIES

M. D.

(Address) 800 W. 33rd St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 7 1926	July 5, 1927
<b>REAU V. S.</b>		
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN